## N2400000 7960

| (Requestor's Name)                      |  |  |  |  |
|---|--|--|--|--|
| (Address)                               |  |  |  |  |
| (Address)                               |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
| (Document Number)                       |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |
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06/28/24--01028--003 \*\*87.50

## **COVER LETTER**

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Cartin Comment

SUBJECT: Alpha Pi Chi National Sorority, Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for : □ \$70.00 **□\$**78.75 **⋈**\$87.50 □ \$78.75 Filing Fee & Filing Fee Filing Fee, Filing Fee Certificate of & Certified Copy Certified Copy Status & Certificate ADDITIONAL COPY REQUIRED

FROM: Mattie Jones

Name (Printed or typed)

14648 State Street

Address

Dade City, Florida 33523

City, State & Zip

3524574808

Daytime Telephone number

mmbj 1959@yahoo.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

3 of 5 6/15/2024, 7:41 PM

## ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

| RTICLE II  | PRINCIPAL OFFICE   |  |   |
|--|--|--|---|
| ,  | Principal street address:  |  | Mailing address, if different is:   |
| 146  | 548 State Street   |  | · <u>·</u> ···  |
| Dac  | de City, Florida 33523   |  |   |
|  |  |  |   |
| RTICLE II  |  | The Alpha Pi Chi   | National Sorority is organized exclusively  |
|  |  |  | or such purposes, the making of distributions to  |
|  |  | <u> </u>   |   |
|  | s that qualify as exempt organizations und   |  | 3) of the Internal Revenue Code ( or the  |
|  | ng provisors of any future United States Re  |  |   |
| No part of th  | ne net earnings of the organization shall in   | sure to the benefit  | of or be distributable to its members, trustees,  |
| officers, or o   | other nersons excent that the organizations  | shall be authorize   | d and empowered to pay reasonable   |
|  | The state of the s | <u> </u>   |   |
| compensatio  | ns for services rendered.  |  |   |
| compensatio  | ons for services rendered.  V. MANNER OF ELECTION The ma   | unner in which the o   | directors are elected and appointed: Membership   |
| ARTICLE IS  ARTICLE V  Name and Ti                       | ins for services rendered.  V. MANNER OF ELECTION The ma  INITIAL OFFICERS AND/OR DIRE  tle: Angela Lewis-Bennett(President)   | conner in which the conner | directors are elected and appointed: Membership   |
| compensatio  ARTICLE IS  ARTICLE V  Name and Ti          | ins for services rendered.  V. MANNER OF ELECTION The ma  INITIAL OFFICERS AND/OR DIRE  tle: Angela Lewis-Bennett(President)  36712 Jefferson Ave  | unner in which the o   | directors are elected and appointed: Membership  itle: Eunice Penix (Vice President)  13834 Wilson St   |
| compensatio  ARTICLE IS  ARTICLE V  Name and Ti          | ins for services rendered.  V. MANNER OF ELECTION The ma  INITIAL OFFICERS AND/OR DIRE  tle: Angela Lewis-Bennett(President)   | conner in which the conner | directors are elected and appointed: Membership   |
| ARTICLE IS<br>ARTICLE V<br>Name and Ti                   | ins for services rendered.  V. MANNER OF ELECTION The ma  INITIAL OFFICERS AND/OR DIRE  tle: Angela Lewis-Bennett(President)  36712 Jefferson Ave  | nner in which the electrons  Name and Table Address:   | directors are elected and appointed: Membership  itle: Eunice Penix (Vice President)  13834 Wilson St   |
| ARTICLE IS  ARTICLE V  Name and Ti  Address              | tle: Mattie Jones (Treasurer)  | nner in which the electrons  Name and Table Address:   | directors are elected and appointed: Membership  ide: Eunice Penix (Vice President)  13834 Wilson St  Dade City, FL 33525   |
| ARTICLE IS  ARTICLE V  Name and Ti  Address              | tle: Mattie Jones (Treasurer)  | nner in which the of the office of the offic | directors are elected and appointed: Membership  itle: Eunice Penix (Vice President)  13834 Wilson St  Dade City, FL 33525  itle: Freddie Reed (Financial Secretary)  |
| ARTICLE IS  ARTICLE V  Name and Ti  Address              | tle: Mattie Jones (Treasurer)  MANNER OF ELECTION The material The material Triangle | nner in which the of the office of the offic | directors are elected and appointed: Membership  itle: Eunice Penix (Vice President)  13834 Wilson St  Dade City, FL 33525  itle: Freddie Reed (Financial Secretary)  37304 Moceri Ave                      |
| ARTICLE IV  ARTICLE V  Name and Ti  Address  Name and Ti | INITIAL OFFICERS AND/OR DIRE  tle: Angela Lewis-Bennett(President)  36712 Jefferson Ave  Dade City, FL 33523  tle: Mattie Jones (Treasurer)  14648 State Street  Dade City, FL 33523   | nner in which the of the office of the offic | directors are elected and appointed: Membership  itte: Eunice Penix (Vice President)  13834 Wilson St  Dade City, FL 33525  itte: Freddie Reed (Financial Secretary)  37304 Moceri Ave  Dade City, FL 33523 |
| ARTICLE IV  ARTICLE V  Name and Ti  Address  Name and Ti | INITIAL OFFICERS AND/OR DIRE  tle: Angela Lewis-Bennett(President)  36712 Jefferson Ave  Dade City, FL 33523  tle: Mattie Jones (Treasurer)  14648 State Street  Dade City, FL 33523   | nner in which the of th | directors are elected and appointed: Membership  itle: Eunice Penix (Vice President)  13834 Wilson St  Dade City, FL 33525  itle: Freddie Reed (Financial Secretary)  37304 Moceri Ave                      |

| Name and Title:         | <del></del>   | Name and Title:   |
|-------------------------|---|---|
| Address                 |   | Address:  |
| _                       |   | <del>-</del>  |
|                         | <del></del>   |   |
| Name and Title:_        |   | Name and Title:   |
| Address                 |   | Address:  |
|                         |   |   |
|                         |   |   |
|                         |   |   |
| ARTICLE VI I            | REGISTERED AGENT  |   |
| The name and Flo        | orida street address (P.O. Box NOT acc  | eptable) of the registered agent is:  |
| Name:                   | Mattie Jones  |   |
| Address:                | 14648 State Street  |   |
|                         | Dade City, FL 33523   |   |
|                         |   |   |
|                         | I <u>NCORPORATOR</u>  |   |
| The <u>name and add</u> | dress of the Incorporator is:   |   |
| Name:                   | Angela Lewis-Bennett  |   |
| Address:                | 36712 Jefferson Ave   |   |
|                         | Dade City, FL 33523   |   |
|                         | EFFECTIVE DATE:   |   |
| Effective date, if c    | other than the date of filing:  |   |
| (II an effective da     | ite is listed, the date must be specific a  | and cannot be more than five days prior or 90 days after the filing.)   |
|                         | inserted in this block does not meet the a<br>ive date on the Department of State's re- | applicable statutory filing requirements, this date will not be listed as the cords.  |
|                         | imiliar with and accept the appointment   | e of process for the above stated corporation at the place designated in this as registered agent and agree to act in this capacity $6/22/24$ |
| 1.1001                  | Required Signature of Registere   | al Agent Date   |
|                         | ment and affirm that the facts stated here<br>State constitutes a third degree felony a | ein are true. I am aware that any false information submitted in a document to<br>is provided for in \$ 817 155 F.S.                          |
| he ocpariment of        | I To  | ear It 6/22/24  |
| maela                   | Required Signature of Inco  | orporator Date  |