

19600000356

CORPORATE ACCESS, INC.
 1116-D RIVERVIEW BLVD
 TALLAHASSEE, FL 32303
 (904) 222-2666

Address

City/State/Zip Phone #

FLORIDA
EFFECTIVE DATE:
1-15-96

900001694468
 01/22/96 01003-025
 ***122.50 ***122.50

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. FAU Alumni of Sigma Phi Epsilon, Inc.
 (Corporation Name) (Document #)

2. _____
 (Corporation Name) (Document #)

3. _____
 (Corporation Name) (Document #)

4. _____
 (Corporation Name) (Document #)

☒ Walk in

☒ Pick up time

1/22/96 11:00

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

FILED
 96 JAN 22 PM 12:26
 TALLAHASSEE, FLORIDA

RECEIVED
 96 JAN 22 AM 10:08
 DIVISION OF CORPORATION

NEW FILINGS	
<input type="checkbox"/>	Profit
<input checked="" type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

BROWN JAN 22 1996

RECEIVED DATE
1-15-96

ARTICLES OF INCORPORATION
OF
FAU ALUMNI OF SIGMA PHI EPSILON, INC.

FILED
96 JAN 22 PM 12:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Not-for-Profit Corporation Act, Florida Statutes Section 617.01011 et. seq., hereby adopts the following Articles of Incorporation:

ARTICLE I - NAME

The name of the Corporation shall be: FAU ALUMNI OF SIGMA PHI EPSILON, INC.

ARTICLE II - PRINCIPAL OFFICE

The mailing address shall be: 20533 BISCAYNE BOULEVARD, # N336,
AVENTURA, FLORIDA 33180

ARTICLE III - PURPOSE

The Corporation is organized for the purpose of providing housing and educational support to the undergraduate student members of the Florida Atlantic University chapter of the Sigma Phi Epsilon Fraternity.

ARTICLE IV - DURATION

The Corporation shall have perpetual existence commencing five (5) days prior to the date of filing of these Articles.

ARTICLE V - ELECTION OF DIRECTORS

The Corporation shall have a minimum of three (3) directors to be elected in the manner set forth in the Corporation's Bylaws.

ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The name and address of the initial registered agent is:

STEVEN B. CHANELES, ESQ.
20533 BISCAYNE BOULEVARD
N336
AVENTURA, FLORIDA 33180

ARTICLE VII - AMENDMENTS

The Corporation reserves the right to amend or repeal any provision contained in these Articles or any Amendment hereto.

ARTICLE VIII - INCORPORATOR

The name and address of the person signing these Articles as Incorporator is:

STEVEN B. CHANELES, ESQ.
20533 BISCAYNE BOULEVARD, #N336
AVENTURA, FLORIDA 33180

The undersigned Incorporator has executed these Articles this 18TH day of JANUARY,

1996.



STEVEN B. CHANELES
SOLE INCORPORATOR

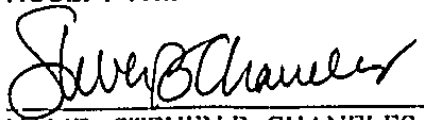
CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the terms of Florida Statutes Sections 607.0501 or 617.0501, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the Corporation is: FAU ALUMNI OF SIGMA PHI EPSILON, INC.
2. The name and address of the registered agent and office is:

STEVEN B. CHANELES, ESQ.
20533 BISCAYNE BOULEVARD
N336
AVENTURA, FLORIDA 33180

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE-NAMED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.



NAME: STEVEN B. CHANELES

DATE: 1/18/96

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

96 JAN 22 PM 12:26

FILED