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

SUBJECT:

EPSILON NU GAMMA, Incorporated

000002688320--7 -11/16/98--01083--023 ****131.25 *****87.50

Enclosed are an original and two (2) copies of the articles of incorporation and my check (#5053) for \$131.25 to cover the expenses of filing fee, certified copy, and certificate.

FROM:

Susan M. Yentz One Lawn Street Oviedo, Florida 32765

407-320-4050, ext. 4210; 407-365-8978

SECRETARY OF STATE DIVISION OF CORPORATIONS

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ARTICLES OF INCORPORTION — EPSILON NU GAMMA

The undersigned Incorporator, for the purposes of forming a corporation under the Florida Not for Projection Act, hereby adopts the following Articles of Incorporation:

Article I: NAME

The name of the corporation shall be EPSILON NU GAMMA, INCORPORATED

Article II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be ONE LAWN STREET
OVIEDO, FLORIDA 32765

ARTICLE III PURPOSE

The specific purpose for which the corporation is organized is

TO ACKNOWLEDGE AND HONOR HIGH SCHOOL STUDENTS WHO ACHIEVE AND MAINTAIN HIGH STANDARDS OF PERFORMANCE IN THE ACADEMIC AREA OF ENGLISH LANGUAGE AND LITERATURE.

ARTICLE IV MANNER OF ELECTION OF DIRECTORS

The manner in which the directors are appointed is

BY A TWO-THIRDS AFFIRMATIVE VOTE OF THE SERVING BOARD OF DIRECTORS.

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida address of the initial Registered Agent are

SUSAN M. YENTZ ONE LAWN STREET OVIEDO, FLORIDA 32765

ARTICLE VI INCORPORATOR

The name and address of the Incorporator to these Articles of Incorporation are

SUSAN M. YENTZ ONE LAWN STREET OVIEDO, FLORIDA 32765

Signature/Incorporator

Date

ARTICLE VII EFFECTIVE DATE

The effective date of incorporation is NOVEMBER 11, 1998

Having been named as registered agent and to accept service of process for the above stated 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.

Signature/Registered Agent

Date