# P.08000/09094

(Requestor's Name)				
,				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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### **COVER LETTER**

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

SUBJECT: Miami Alumnae Chapter of Delta Sigma Theta Sorority Inc.  (PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)				
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	<u>ude suffix</u> )	
Enclosed are an orig	ginal and one (1) copy of the artic	eles of incorporation and	a check for:	
☐ \$70.00 Filing Fee	☑ \$78.75 Filing Fee & Certificate of Status	<ul><li></li></ul>	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM: Regina M. Giles  Name (Printed or typed)				
11250 Washington Boulevard Address				
Miami, Florida 33176  City, State & Zip				
(305) 253-0992  Daytime Telephone number				

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

#### ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

#### ARTICLE I NAME

The name of the corporation shall be:

Miami Alumnae Chapter of Delta Sigma Theta Sorority Inc.

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#### ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

Principal Street Address: 11250 Washington Boulevard, Miami, Florida 33176

Mailing Address: P.O. Box 680726, Miami, Florida 33168-0726

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To transact any and all lawful business

#### ARTICLE IV SHARES

The number of shares of stock is: 100 (one hundred)

#### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Regina M. Grace, P.O. Box 680726, Miami, Florida 33168-0726, President

Lois Alexander, P.O. Box 680726, Miami, Florida 33168-0726, 1st Vice President

Lois W. Ashley, P.O. Box 680726, Miami, Florida 33168-0726, 2nd Vice President

Priscilla Thompson, P.O. Box 680726, Miami, Florida 33168-0726, Recording Secretary

Brenda Bryant, P.O. Box 680726, Miami, Florida 33168-0726, Treasurer

#### ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Regina M. Giles, 11250 Washington Boulevard, Miami Florida 33176

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Tarlesha W. Smith, 5201 Blue Lagoon Drive, Suite 800, Miami, Florida 33126

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Signature/Incorporator

Date

Data