P15000024100

•
(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Emily Marrie)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





900270388779

03/10/15--01024--022 **78.75

SECRETARY OF STATE OLVISION OF CORPORATIONS

× 03/12/15

COVER LETTER

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

SUBJECT: GIAMA Theta Eta Incorporated (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)						
	(PROPOSED CORPORA	TE NAME'- <u>MUST INCL</u>	<u>UDE SUFFIX</u>)			
Enclosed are an orig	inal and one (1) copy of the arti	icles of incorporation and	l a check for:			
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status			
		ADDITIONAL CO	PY REQUIRED			
FROM:	Alexaundra Nashe	n Grayson (Printed or typed)				
7125 Ravenna Avenue						
Orlando, Fl 32819 City, State & Zip						
	4021-246 -	6958 elephone number				
	alexaundrac	aglive.com	notitication)			
E-mail address: (to be used for future annual report notification)						

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)

The name of the co	NAME orporation shall be:	Signa	Theta Eta	Incorpor	rted	
ARTICLE II	PRINCIPAL OFFIC	E		Mailing address, if diffe		
11.72 6	laven na Av	enuc				
ARTICLE III The purpose for w	PURPOSE Thich the corporation is o	organized is: The	Corporation	n Slama Tlu	eta R	ta.
	anized to	secure Th	u briganizal	hons Asset	s and	
wealth	The purpos provide Str		oration for			
<u>.</u>	plane and		x a society	OUT IDEAL TO	(0) (
		1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			15 MAR	SECRE DIVISION
ARTICLE IV The number of sha)/ALL			10 PM 3: 00	OF CORPORATIONS
Name and	INITIAL OFFICERS	^				
Address	WXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	desabstruct wenna Aure	Address:			
		F1 32519				
Name and	Title:		Name and Title:			
Address	• •	 	Address:			
			·			
Name and	Title:		Name and Title:			·
Address	<u></u>		Address:			
					<u>. </u>	

Name and	Title:	Name and Title:	
Address		Address:	
	REGISTERED AGENT rida street address (P.O. Box NOT acceptable) of Propon 1125 Ravenna Avenue Orloado F1 32819	-	SECRETAR DIVISION OF 1
ARTICLE VII	<u>INCORPORATOR</u>		LEU RY OF CORPC
The name and add Name: Address:	Herandr Crayson 7/25 Payena Avenue Chando Pl 32819	- -	STATE ORATION: 1 3: 00
Having been name this certificate, I an	ed as registered agent to accept service of process in familiar with and accept the appointment as reg Required Signature/Registered Agent	s for the above stated corporation at the eistered agent and agree to act in this ca	place designated in pacity
I submit this docu document to the Do	ment and affirm that the facts stated herein are epartment of State constitutes a third degree felon Required Signature/Incorporator	true. I am aware that the false inform y as provided for in s.817.155, F.S.	ation submitted in a

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