70000.51974 Requestor's Name Address City/State/Zip Phone # Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): 1. (Corporation Name) (Document #) 2. (Corporation Name) (Document #) (Corporation Name) (Document #) 4. (Corporation Name) (Document #) ☐ Walk in ☐ Pick up time \_\_\_\_\_ Certified Copy Photocopy Mail out ☐ Will wait Certificate of Status NEW FILINGS AMENDMENTS Profit Amendment Resignation of R.A., Officer/ Director NonProfit Change of Registered Agent Limited Liability **Domestication** Dissolution/Withdrawal Other Merger REGISTRATION/ OTHER FILINGS QUALIFICATION Annual Report Foreign Fictitious Name JUN 1 2 1997 Limited Partnership Name Reservation Reinstatement Trademark Other Examiner's Initials

CR2E031(1 95)

#### ARTICLES OF INCORPORATION

of

### ALPHA PHI SIGMA, INC.

(name of corporation)

The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the following articles of incorporation for such corporation:

The name of the corporation is:		
ALPHA PHI SIGMA, INC.		·
ARTICLE II - DURATION	Carles -	
This corporation shall exist perpetually unless dissolved according to Florida law.		ED PH 2:
ARTICLE III - PURPOSE		무
The corporation is organized for the purpose of engaging in any activities or business penited States and the State of Florida.	mitted under	the laws of th
ARTICLE IV - CAPITAL STOCK		
The corporation is authorized to issueshares of common stock, par value \$ _	1.00	per share
ARTICLE V - INITIAL PRINCIPAL OFFICE		
The street address of the initial principal office and, if different, the mailing address is:		

STREET ADDR	ESS Florida International	University 3000 N.E.	145 Street
	Criminal Justice Dept	., AC1-283	
CITY	North Miani	FLORIDA	ZIP 33181-3600
Mailing ad	ldress, if different		
STREET ADDR	ESS		
	SAME AS ABO	VE	
CITY		FLORIDA	ZIP

## ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office and the name of the initial registered agent at the office is:

NAME	John Petri III c/o Florida International University			
ADDRESS	3000 N.E. 145 St	Criminal Justice Dept.,	AC1-283	
CITY	North Miami	FLORIDA	ZIP 33181-3600	

#### ARTICLE VII - INITIAL BOARD OF DIRECTORS

	three		3	) directors initially. The number of directors may be
either increased or diminished from	time to time by	the By-La	aws, t	out shall never be less than one (1). The names and
addresses of the initial director(s) of	f the corporation	n are as fol	lows:	• •

NAME	John Petri III			
ADDRESS	4021 Thomas Street		-	
CITY	Hollywood	STATE	Florida	ZIP 33021-3540
NAME	Regina Shearn	-		
ADDRESS	20556 N.E. 6 Court			
CITY	Miami	STATE	Florida	ZIP 33179-2422
NAME	James Vardalis	-		<u> </u>
ADDRESS	800 Claughton Island Drive	Unit 2304		
CITY	Miani	STATE	Florida	ZIP 33131

#### ARTICLE VIII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	John Petri III			
ADDRESS	4021 Thomas Street			
CITY	Hollywood	STATE	Florida	ZIP 33021-3540
NAME	Regina Shearn			
ADDRESS	20556 N.E. 6 Court			
CITY	Miami	STATE	Florida	ZIP 33179-2422
NAME	James Vardalis			
ADDRESS	800 Claughton Island Drive	Unit 2304		
CITY	Miami	STATE	Florida	ZIP 33131
	and incompanies (a) have assessed the			6+h

Signature)

(Signature)

(Signature)

# CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

ALPHA PHI SIGMA, INC.  (name of corporation)	97 JUN 11 PH 2: 04 TALLAGASSET FLORIDA
Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is subm The above corporation, organized under the laws of the State of Florida with its re as indicated in the Articles of Incorporation at Florida International University 3000 N.E. 145 Street	
Criminal Justice Dept., AC1-283 North Miami, FL 33181-3	1600
has named John Petri III	
state.	
Having been named as registered agent and to accept service of process for the abcorporation at the place designated in this certificate, I hereby accept the appoint tered agent and agree to act in this capacity. I further agree to comply with the prostatutes relating to the proper and complete performance of my duties, and I am for and accept the obligations of my position as registered agent.	ment as regis- ovisions of all
Signature) 6/C/97 (Date)	·