



RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV

2019 JUL -1 AM 11:49

Certificate of Authority
 FOREIGN Non-Profit Corporation

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL 7-6-74, the undersigned foreign non-profit corporation hereby applies for a Certificate of Authority to conduct affairs in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the corporation is:		
KAPPA ALPHA THETA FRATERNITY INC		
1a. The name, if different, which it elects to use in Rhode Island is:		
*If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application.		
2. It is incorporated under the laws of: INDIANA		
3. The date of its incorporation is: 12/27/1984		
And the period of its duration is: CHECK ONLY ONE BOX		
<input checked="" type="checkbox"/> Perpetual (on-going)		
<input type="checkbox"/> Date certain for dissolution _____		
4. The address of its principal place of business is: 8740 FOUNDERS RD INDIANAPOLIS. IN 46268-1337		
5. The name and address of the initial registered agent/office in Rhode Island is:		
Agent Name COGENCY GLOBAL INC.		
Street Address (NOT a P.O. Box) 222 JEFFERSON BLVD		
City/Town WARRICK	State RHODE ISLAND	Zip Code 02888

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 2019 JUL -1 PM 12:14

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED
 JUL 01 2019 11:49
 BY SYMP7

6. The purpose or purposes which it proposes to pursue in the conducting its affairs in Rhode Island:
TO PROMOTE FRATERNAL SISTERHOOD THROUGH EDUCATIONAL AND SOCIAL ACTIVITIES FOR ITS MEMBERS

Check the box to indicate an attachment

7. The names and respective addresses of its directors and officers are:

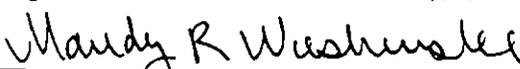
OFFICE	NAME	ADDRESS
Director		
Director		
Director		
President	MANDY WUSHINSKE	8740 FOUNDERS RD INDIANAPOLIS, IN 46268-1337
Vice President		
Treasurer		
Secretary	ELIZABETH CORRIDAN	8740 FOUNDERS RD INDIANAPOLIS, IN 46268-1337

Check the box to indicate an attachment

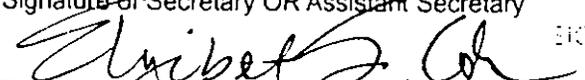
8. This application must be accompanied by a Certificate of Good Standing/Letter of Status from the state or country of formation dated within 60 days of the date of this filing.

Under penalty of perjury, we declare and affirm that we have examined this Application for Certificate of Authority, including and accompanying attachments, and that all statements contained herein are true and correct.

Type or Print Name of President OR Vice President Date
MANDY WUSHINSKE **5.19.19**

Signature of President OR Vice President SIGN DOCUMENT HERE


Type of Print Name of Secretary OR Assistant Secretary Date
ELIZABETH CORRIDAN **5-9-19**

Signature of Secretary OR Assistant Secretary SIGN DOCUMENT HERE


State of Indiana
Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

KAPPA ALPHA THETA FRATERNITY INC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on December 27, 1984, and was in existence or authorized to transact business in the State of Indiana on June 25, 2019.

I further certify this Domestic Nonprofit Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed signature and the seal of the State of Indiana, at the City of Indianapolis, June 25, 2019

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2019 JUL - 1 PM 2:54

198412-968 / 20191015323

All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>

Expires on July 25, 2019.