

No 000009468

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

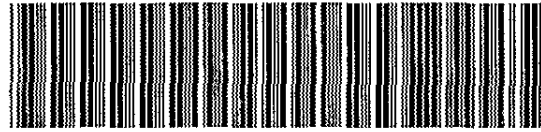
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

Date Ojaide GAVE
AUTHORIZATION BY PHONE TO
CORRECT _____
DATE _____
DOC. EXAM _____



000009289600

12/06/02--01088--003 **78.75

FILED
02 DEC -6 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9/12/10

TRANSMITTAL LETTER

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

SUBJECT: AFRICAN COMMUNITY DEVELOPMENT PROJECT, INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and 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

ADDITIONAL COPY REQUIRED

FROM: DAFE OJAIDE
Name (Printed or typed)

229 ARBOR CIRCLE
Address

SANFORD, FL 32773
City, State & Zip

(321) 356-6302
Daytime Telephone number

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

ARTICLES OF INCORPORATION

In Compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be:

AFRICAN COMMUNITY DEVELOPMENT PROJECT, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

229 ARBOR CIRCLE
SANFORD, FL 32773

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

HUMANITARIAN PURPOSES. FOR ECONOMIC, EDUCATIONAL AND
MEDICAL NEEDS IN AFRICA

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

BY MAJORITY VOTE

ARTICLE V INITIAL DIRECTORS/OFFICERS

The name(s), address(es) and title(s):

DAFE OJAIDE
229 ARBOR CIRCLE
SANFORD, FL 32773
DIRECTOR

LAWRENCE OGAGAOGHENE ORIE
3100 S.W. 31ST DR #28
GAINSVILLE, FL 32611
PRESIDENT/Director

Joseph Obi
118 Willete way
Daytona Beach, Fl. 32114

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the registered agent is:

DAFE OJAIDE
229 ARBOR CIRCLE
SANFORD, FL 32773


Director

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

DAFE OJAIDE
229 ARBOR CIRCLE
SANFORD, FL 32773

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

12/4/02

Date



Signature/Incorporator

12/4/02

Date

FILED
02 DEC -6 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA