

N/140000219/

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

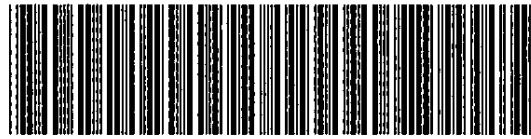
(Document Number)

Certified Copies ✓    Certificates of Status \_\_\_\_\_

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LY4-10943



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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 MAR -5 PM 2:32

*[Handwritten Signature]*  
3-6-14



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 19, 2014

AHMED SEKOU FADIGA  
KONGWACHEKAFOUNDATION, INC.  
8090 ATLANTIC BLVD A78  
JACKSONVILLE, FL 32211

SUBJECT: KONGWACHEKAFOUNDATION, INC.  
Ref. Number: W14000010943

We have received your document for KONGWACHEKAFOUNDATION, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Foreign, but your entity is a Florida. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Sylvia Gilbert  
Regulatory Specialist II  
New Filing Section

Letter Number: 614A00003780

**COVER LETTER**

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

SUBJECT: Kongwa cheka foundation, 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: Ahmed Sekou FADIGA  
Name (Printed or typed)

8090 Atlantic BLVD A78  
Address

Jacksonville, FL 32211  
City, State & Zip

904-405-9613  
Daytime Telephone number

Cheka.foundation@gmail.com  
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 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be: Kongwacheka foundation, INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

8090 ATLANTIC BLVD A78  
JACKSONVILLE, FL 32211

Mailing address, if different is:

FILED  
STATE CLERK  
DIVISION OF CORPORATIONS  
14 MAR -5 PM 2:32

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Educational.  
Sports activities.  
Humanitarian assistance.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: Appointed.

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

Name and Title: Ahmed S Fadiga - chairman Name and Title: \_\_\_\_\_

Address: 8090 ATLANTIC BLVD A78 Address: \_\_\_\_\_  
JACKSONVILLE \_\_\_\_\_  
FL, 32211 \_\_\_\_\_

Name and Title: Willma Hollomon Name and Title: \_\_\_\_\_

Address: DIRECTOR Address: \_\_\_\_\_  
1038 CALIENTE DR #11 \_\_\_\_\_  
JACKSONVILLE, FL 32211 \_\_\_\_\_

Name and Title: Clyde Hollomon Name and Title: \_\_\_\_\_

Address: 1038 CALIENTE DR 11 Address: \_\_\_\_\_  
JACKSONVILLE FL 32211 \_\_\_\_\_  
DIRECTOR. \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

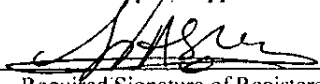
Name: Ahmed Sekou Fadiga  
Address: 8090 Atlantic BLVD A78  
Jacksonville, FL 32211

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Ahmed Sekou Fadiga  
Address: 8090 Atlantic BLVD A78  
Jacksonville, FL 32211

*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*

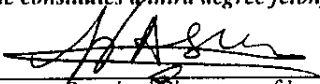


Required Signature of Registered Agent

2/28/14

Date

*I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*



Required Signature of Incorporator

2/28/14

Date