

N19000002526

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MAR 12 2019



SECRETARY OF STATE
AT WASHINGTON

2019 MAR 12 PM 1:13

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COVER LETTER

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

SUBJECT: Egbe Elegun Traditional African Culture 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: Kokahyi Sa-Ra

Name (Printed or typed)

1824 Wales Drive

Address

Tallahassee, Fl. 32303

City, State & Zip

850-321-0557

Daytime Telephone number

E-mail address: (to be used for future annual report notification)

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: Egbe Elegun Traditional African Culture Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
1824 Wales Drive

Tallahassee

Florida, 32303

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to be a church for the purpose of the perpetuation of
spiritual wellness through African spiritual systems based on, but not limited to traditional Ifa / Lucumi.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Consensus.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kokahyi Sa-Ra/ Chief Priest

Address: 1824 Wales Drive

Tallahassee

Florida, 32303

Name and Title: Dr. Neico Sa-Ra/ Dir. of operations

Address: 1824 Wales Drive

Tallahassee

Florida, 32303

Name and Title: Damien Jones/secretary

Address: 4741 Silent Creek

Tallahassee

Florida, 32303

Name and Title: Lashonda Cromotee/ Dir. of Outreach

Address: 1000 Holland Avenue

Tallahassee

Florida, 32301

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

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: Kokahyi Sa-Ra
 Address: 1824 Wales Drive
Tallahassee, FL. 32303

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Kokahyi Sa-Ra
 Address: 1824 Wales Drive
Tallahassee, FL. 32303

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 SECRETARY OF STATE
 TALLAHASSEE, FL 32304

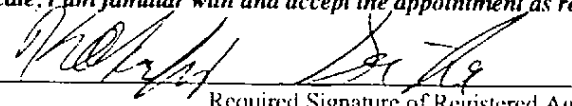
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

3/12/19
 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

3/12/19
 Date