F15000000631

(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:					
į					

Office Use Only



500269327695

02/13/15--01024--009 **78.75



210-150

COVER LETTER

TO:	Division of Corporations							
SUBJE	CT.	TK	Financial	Corpord	ıtı <i>or</i> ı			
GODOL	<u>.</u>				n - must incl	ude suffix		
Dear Si	r or Madam:							
"Certifi	cate of Exist	ence," or	Foreign Corp "Certificate or oration to tran	f Good Sta	anding" and o	check are su	act Busi bmitted	ness in Florida," to register the
Please r	return all cor	responder	ice concerning	this matte	er to the follo	owing:		
Oa	hogho	Etuks						-
J	J-		**************************************	Name of	f Person			any sa y
ET	K Finar	icial C	orporation	ı				
				Firm/Cor	mpany		*	
Po	Box 7	7184C						
	and the second s			Add	ress			- Tributanian ayarlanga Ari Filipada daddanan a salaya yayayarda
Cora	LI Sprina	s. FL	33077					
	J		(City/State	and Zip code	;		
ie	tukz/	D ama	33077 Il. Com					
		/ J E-1	nail address: (to be used	for future ar	nual report	notifica	ition)
For furt	ther informat	ion conce	rning this mat	ter, please	call:			
Ogh	ogho Et	urs	at	, 786	333	-3017		
J	Name of Pe	rson		Area	Code & Day	ytime Telepl	hone Nu	ımber
	STREET/C New Filing Division of Clifton Buil 2661 Execu Tallahassee	Section Corporati ding tive Cente	er Circle		N D P	MAILING Alew Filing Solivision of Co. Box 632	ection Corporat 27	ions
Enclose	ed is a check	for the fo	llowing amou	nt:				
X \$70.	.00 Filing Fe		78.75 Filing I Certificate of t		\$78.75 Fi Certified	ling Fee & Copy		87.50 Filing Fee, Certificate of Status & Certified Copy

A. DIRECTORS
Chairman: ,
Address:
Vice Chairman:
Address:
Director:
Address:
Director:
Address:
B. OFFICERS
President: Oghogho Eturs
Address: 4414 W. Oakland Park Blied
Lauderdane Lakes, FL 33313
Vice President:
Address:
some more source
Address: P.O. BOX 771840 Circal Springs Fl 33077
Treasurer:
Address:
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
12. Signature of Director or Officer
Signature of Director or Officer
The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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. 13. DGHOGHO ETUKS - PRESIDENT
(Typed or printed name and capacity of person signing application)

11. Names and business addresses of officers and/or directors: