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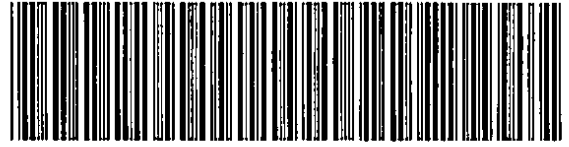
(Business Entity Name)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Project Africa Global Incorporated
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Condessa M. Curley, MD, MPH

Name of Person

Project Africa Global Incorporated

Firm/Company

3746 Monteith Drive

Address

Los Angeles, California, 90043

City/State and Zip Code

suwanneecat@yahoo.com and reg260z@aol.com

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

For further information concerning this matter, please call:

Condessa M. Curley

Name of Person

at (213)

Area Code

840-1368

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$70.00 Filing Fee

☒ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☒ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 7, 2020

CONDESSA M CURLEY
3746 MONTEITH DR
LOS ANGELES, CA 90043

SUBJECT: PROJECT AFRICA GLOBAL INCORPORATED
Ref. Number: W20000115245

We have received your document for PROJECT AFRICA GLOBAL INCORPORATED and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return 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) 245-6051.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 220A00019588

RECEIVED
DEC 01 2020

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. Project Africa Global, Incorporated

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. California

(State or country under the law of which it is incorporated)

3. 51-0550218

(FEI number, if applicable)

4. January 27, 2006

(Date of Incorporation)

5. Perpetual

(Date of duration, if other than perpetual)

6. Not applicable

(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 3746 Monteith Drive Los Angeles, California 90043

(Principal office street address)

(Current mailing address, if different)

8. Collaborate in the development of sustainable solutions & programs to improve the health of communities in Florida

(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: Anita G. Williams, RN, BSN, PHN

Office Address: 411 S.W. Parshley Street

Live Oak

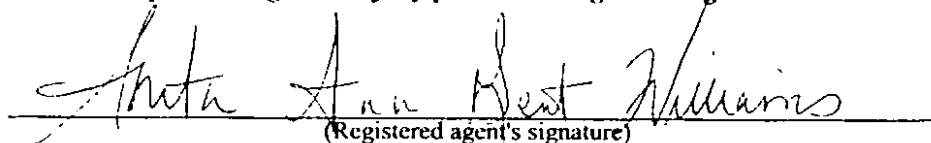
(City)

Florida 32604

(Zip Code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

☒ Chairman Name: Condessa M. Curley
☐ Vice Chairman Address: 3746 Monteith Dr. LA CA 90043
☐ Director _____
☒ President Condessa M. Curley
☒ Vice President Anita G Williams
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Anita G Williams
☒ Vice Chairman Address: 411 S. W. Parshley Live Oak FL 320
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Yvonne Scott
☐ Vice Chairman Address: 411 S.W. Parshley, Live Oak FL 32064
☒ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Angie Im
☐ Vice Chairman Address: 1618 B Corcoran Washington DC
☐ Director _____
☐ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Reginald Haley
☐ Vice Chairman Address: 3746 Monteith Dr LA, CA
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☒ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

NOTE: Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

13. Dr. Condessa M. Curley
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14. Condessa M. Curley, CEO and Chairman of the Board of Project Africa Global Incorporation
(Typed or printed name and capacity of person signing application)

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO
CONDUCT ITS AFFAIRS IN FLORIDA**



Project Africa Global, Inc

A Non Profit 501 (C) 3

Officers/Board Members

President/CEO
Condessa M. Carley, MD, MPH, MBA

Vice President
Antia Gent Williams, RN, BSN, PHN

Secretary
Angie Im, BS, MPH

Treasurer
Reginald Haley, PharmD

Director, Policy and Foreign Affairs
Jerome Griffin, PhD

Board Members

Eric Holmes, BS

Dianne Deckard, RN, BSN, MSN

Lorenze LaNier

Velma Holman, RN, BSN

Sibongahile Mhlana, Swaziland Africa MOH

Robin Henning, BA

Project Africa Global Inc.
Los Angeles California Headquarters
3746 Monteith Drive
Los Angeles, CA 90043
Office (213) 840-1368
www.projectafricaglobalinc.org

State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

PROJECT AFRICA GLOBAL, INC.

FILE NUMBER: C2774238
FORMATION DATE: 10/07/2005
TYPE: DOMESTIC NONPROFIT CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of November 17, 2020.

ALEX PADILLA
Secretary of State