

L09000035320

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

2009-14367

**A. LUNT**

APR 13 2009

**EXAMINER**

Office Use Only



700146755437

03/25/09--01019--016 \*\*130.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 APR 10 AM 11:30

FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 26, 2009

JUMAH R. MWALEWA  
1435 GREEN TREE AVE.  
BARTOW, FL 33830

SUBJECT: TRADITIONAL ACTS OF AFRICA L.L.C.  
Ref. Number: W09000014367

We have received your document for TRADITIONAL ACTS OF AFRICA L.L.C. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6094.

Agnes Lunt  
Regulatory Specialist II

Letter Number: 609A00010273

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: Traditional Acts of Africa  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jumah . R. Mwalewa

(Name of Person)

Traditional Acts Of Africa

(Firm/Company)

1435 Green Tree Ave

(Address)

Bartow , FL 33830

(City/State and Zip Code)

For further information concerning this matter, please call:

Jumah . R. Mwalewa

(Name of Person)

at ( 863 ) 712-4621

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☒ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Traditional Acts Of Africa L.L.C

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

1435 Green Tree Ave

Bartow, FL, 33830

**Mailing Address:**

P.O BOX 698

Eagle Lake, FL 33839

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Jumah. R.Mwalewa

Name

1435 Green Tree Ave

Florida street address (P.O. Box **NOT** acceptable)

Bartow, FL 33830

City, State, and Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..*

Jumah Mwalewa

Registered Agent's Signature (REQUIRED)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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(CONTINUED)

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**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

"MGR"

Jumah .R. Mwalewa

1435 Green Tree Ave

Bartow, FL 33830

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TALLAHASSEE, FLORIDA

(Use attachment if necessary)

**ARTICLE V:** 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 business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**Jumah .R. Mwalewa**

Typed or printed name of signee

**Filing Fees:**

**\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**