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(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

M. THOMAS

JUN 26 2009

EXAMINER

109-61819

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ETS NWAEEZEAKU DYNASTY ENT LLC IMP/EXP  
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:

1012 DAVID NWAEEZEAKU  
Name of Person

ETS NWAEEZEAKU DYNASTY ENT LLC IMP/EXP  
Firm/Company

902 GAMBLE STREET BOX 13291  
Address

TALLAHASSEE FLORIDA 32310  
City/State and Zip Code

NWaezeaku@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

1012 DAVID NWAEEZE at (832) 755 4830  
Name of Person 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

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

ETS NWAEZEAKU DYNASTY ENT IMP/EXP LLC

(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:**

**Mailing Address:**

902 GAMBLE STREET  
BOX 13291  
TALLAHASSEE FL 32310

**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:

1002 DAVID NWAEZEAKU

Name

1445 WILLOW BEND WAY

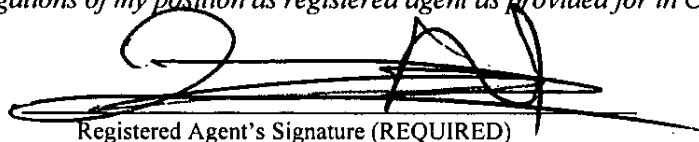
Florida street address (P.O. Box NOT acceptable)

TALLAHASSEE FL 32310 BOX 13291

City, State, and Zip

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*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..*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

**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:**

MANAGER

Manager

Manager

Manager

ESTHER OLABODE GRADAMOSI  
CIRCUNVALACIO 101, 1-1  
ST COLMA DE GMT BEN SPAIN 08923

BISHOP ABUNRANCE A. NWAEZEAKU  
CIRCUNVALACIO 101, 1-1  
ST COL DE GMT BEN SPAIN 08923

CHUKWU INYUABU DNYEANI  
KUE KPOVEME  
LOME TOGO

PRINCESS GRACE KALU AAKU  
122 MILLER RD, D13P 1304  
COTONOU REP BENIN

(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.)

102d DAVID NWAEZEAKU  
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)

OPTIONAL)  
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