L09000061819

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(Address)

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M. THOMAS
JUN 26 2009
EXAMINER

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: ETS NWAEZEAKU 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:

LORD DAVID NWAEZEAKU
Name of Person

ETS NWAEZEAKU 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:

LORD DAVID NWAEZE at (832) 7554830
Name of Person Area Code & Daytime Telephone Number

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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:

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:
902 GAMBLE STEET
BOX 13291
TALLAHASSEE FL 32310

Mailing Address:

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:

IKE 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	ESTHER OLABODE GBADAMOSI CIRCUNVALACIO 101, 1-1 ST COLOMA DE GMT BCN SPAIN 08923
Manager	BISHOP ABUNDANCE A. NWAEZEAKU CIRCUNVALACIO 101, 1-1 ST COL DE GMT BCN SPAIN 08923
Manager	CHUKWU IKWUAKU ONYEANI RUE KPONVEME LOME TOGO
Manager	PRINCESS GRACE KALU AKU 122 MILITARY BD BP 1304 COTONOU REP DU 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.)

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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.)

LORD 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)