

L090000061819

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

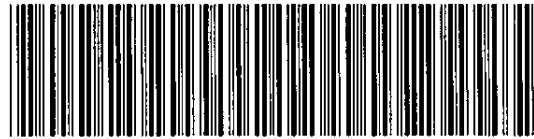
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA  
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TALLAHASSEE, FLORIDA

J. BRYAN

JUL 16 2009

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ETS NWAEEZEAKU AYNASTY ENT IMP/EXP LLC

Name of Limited Liability Company

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

LORD DAVIDA NWAEEZE AKU

Name of Person

ETS NWAEEZEAKU AYNASTY ENT IMP/EXP LLC

Firm/Company

902 GAMBLE STREET

Address

TALLAHASSEE FLORIDA 32310

City/State and Zip Code

NWAEEZEAKU@HOTMAIL.COM

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

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

LORD DAVIDA NWAEEZE AKU at (882) 755 4830

Name of Person

Area Code & Daytime Telephone Number

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

### MAILING ADDRESS:

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

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

**ARTICLES OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

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TALLAHASSEE, FLORIDA

**FIRST:** The name of the limited liability company is: ETJ NWAEZEKUN DYNASTY ENT IMP/EXP LLC

**SECOND:** The articles of organization or the application to transact business

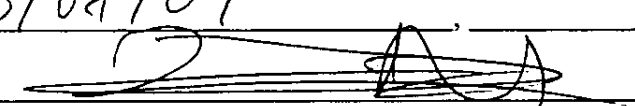
**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**

☐ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:  
I WANT ALL MY  
MAILS TO BE POSTING AT MY MAILING Ad  
RESS WHICH IS P. O. BOX 13291  
TALLAHASSEE, FL 32317

**OR**

☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows: ALSO I MADE A MISTAKE  
TO RULED MY NAME ON ARTICLE III ON THE  
REGISTERED AGENT. IT SHOULD BE = ELLENNE CHERISON  
LASTLY MY NAME HAS TO BE RITED ON ARTICLE IV AS A  
MANAGING MEMBER LORD DAVID NWAEZEKUN

Dated: 16/07/09

  
Signature of a member or authorized representative of a member

\_\_\_\_\_  
Typed or printed name of signee

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)

# 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 St  
Tallahassee, FL 32310

### Mailing Address:

PO Box 13291  
Tallahassee, FL 32317

## 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:

Elenne Cherisol

Name

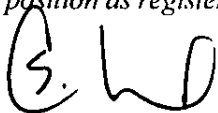
403 Hayden Rd., Apt 106

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

Tallahassee, FL 32304

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..*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

**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:**

**Managing Member**

Lord David Nwaeze Aku

PO Box 13291

Tallahassee, FL 32317

**Manager**

Esther Olabode Gbadamosi

Circunvala Cio 101, 1-1

St. Coroma De Gmt Bcn Spain 08923

**Manager**

Bishop Abundance A. Nwaeze Aku

Circunvala Cio 101, 1-1

St. Coroma De Gmt Bcn Spain 08923

**Manager**

Princes Grace Kalu Agu

531 Rue Kponveme, B.P 13730

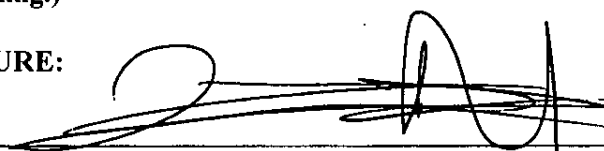
Lome Togo

(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.)

Lord David Nwaeze Aku

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)**

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