

UO000102714

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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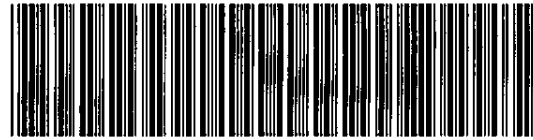
(Business Entity Name)

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EXAMINER

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2010 SEP 30 PM 12:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ONE AFRICA ENTERPRISES, LLC
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:

ABAYOMI DEJI IYEWARUN (MR.)
Name of Person

ONE AFRICA ENTERPRISES, LLC
Firm/Company

4950 RICHARD STR. #46
Address

JACKSONVILLE, FL 32207-7389
City/State and Zip Code

oneafricallc2010@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ABAYOMI IYEWARUN at (904) 866-4271
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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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ONE AFRICA ENTERPRISES, 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:

ABAYOMI IYEWARUN (Pres.) ABAYOMI IYEWARUN (Pres.)
4950 RICHARD ST. #46 4950 RICHARD ST. #46
JACKSONVILLE, FL 32207-7389 JACKSONVILLE, FL 32207-7389

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:

ABAYOMI IYEWARUN
Name

4950 RICHARD ST. #46
Florida street address (P.O. Box **NOT** acceptable)

JACKSONVILLE, FL 32207-7389
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.

Abayomi Iyewarun
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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SECRETARY OF STATE

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

ABAYOMI IYEWARUN; President
4950 RICHARD ST. #46
JACKSONVILLE, FL 32207-7389

MGR

MR. ROSE A. IYEWARUN; V.P.
11105 E. 73rd St.
RAYTOWN, MO 64133

MGR

Mrs. LYABO DEDMON; Sec.
8803 E. 59th St.
RAYTOWN, MO 64133

MGR

MR. ADEREMI MILLER; TREASURER
11105 E. 73rd St.
RAYTOWN, MO 64133

(Use attachment if necessary) SEE ATTACHED SHEET FOR MORE--- 2A

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:

Abayomi Iyewarun
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.)

ABAYOMI IYEWARUN
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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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:

MGRM

Mrs. BOSEDE IYEWARUN
7919 KESSLER ST.
OVERLAND PARK, KS 66204

MGRM

Mrs. EUNICE EBUN AVENI
#5 SABO OKE ROAD
ILORIN, KWARA STATE, NIGERIA

MGRM

Mr. OLUWASOGO SAMPSON
#4 ADURALERE STREET
ILORIN, KWARA STATE, NIGERIA

MGRM

Mrs. TEMITOPE PAUL
#45 OPOMALU ROAD
ILORIN, KWARA STATE, NIGERIA

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)

By: [Signature]

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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