

M160000003206

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

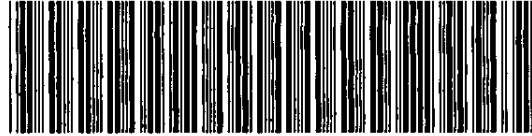
Special Instructions to Filing Officer:

W16-19699

500

6360, 647

Office Use Only



000283256600

03/15/16--01018--015 **160.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 MAR 15 AM 10:47

APR 19 2016
S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 14, 2016

OMOGBOLAHAN FAGBENJD
8015 HIDDEN RIVER DRIVE APT B
TAMPA, FL 33617

SUBJECT: FOLAY NATURAL PRODUCTS LTD
Ref. Number: W16000019699

FILED
SECRETARY OF STATE
TALLAHASSEE, FL 32314
16 MAR 15 AM 10:47

We have received your document for FOLAY NATURAL PRODUCTS LTD and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 916A00007715



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
2016 APR 11 AM 11:51
TALLAHASSEE, FLORIDA

March 16, 2016

OMOGBOLAHAN FAGBENJD
8015 HIDDEN RIVER DRIVE APT B
TAMPA, FL 33617

SUBJECT: FOLAY NATURAL PRODUCTS LTD
Ref. Number: W16000019699

FILED STATE
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
16 MAR 15 AM 10:47

We have received your document for FOLAY NATURAL PRODUCTS LTD and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

The name of a limited liability company in the state of Florida must contain the words "Limited Liability Company," the abbreviation "LLC," or the designation "LLC." Please add the appropriate designation to the name of your limited liability company or to the alternate name you have selected for the state of Florida, if your name is unavailable in this state. The following suffixes are no longer acceptable limited liability company suffixes in Florida: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co." also are no longer acceptable.

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) 245-6051.

Shelia H Young
Regulatory Specialist II

Letter Number: 716A00005437

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FOLAY NATURAL PRODUCTS LTD LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

OMOGBOLOHAN FAGBENJA
Name of Person

FOLAY NATURAL PRODUCTS LTD LLC
Firm/Company

8015 HIDDEN RIVER DR. APARTMENT B
Address

TAMPA FLORIDA 33617
City/State and Zip Code

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

For further information concerning this matter, please call:

OMOGBOLOHAN FAGBENJA at (813) 585 6436
Name of Contact Person Area Code Daytime Telephone Number

MAILING ADDRESS:

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

STREET ADDRESS:

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

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy | <input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy |
|--|--|---|--|

FILED
STATE
SECRETARY OF
TALLAHASSEE, FLORIDA
16 MAR 15 AM 10:47

RC 1282711



**CORPORATE AFFAIRS COMMISSION
FEDERAL REPUBLIC OF NIGERIA**

Certificate of Incorporation

I hereby certify that

FOLAY NATURAL PRODUCTS LTD

*is this day incorporated under the COMPANIES AND ALLIED
MATTERS ACT 1990 and that the Company is Limited By Shares.*

Given under my hand at Abuja this 24th day of August, 2015.

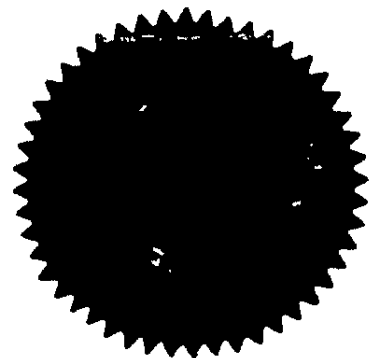
Femi Onibalusi 29/03/2016

FEMI ONIBALUSI ESQ.

NOTARY PUBLIC

Suite 11A, Ground Floor,
Tafawa Balewa Sq. Complex
Lagos.

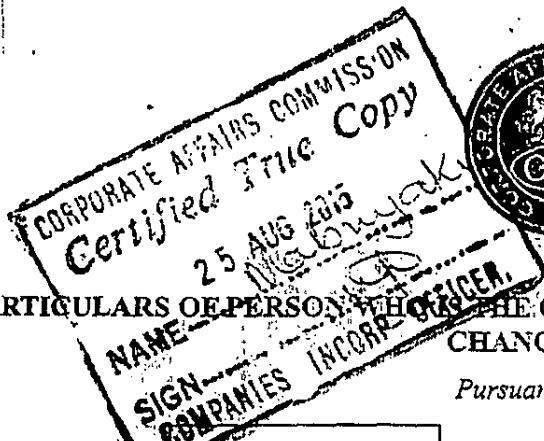
FILED STATE
SECRETARY OF FLORIDA
ALLAH-3362.FLORIDA
16 MAR 15 AM 10:47



Bello Mahmud

BELLO MAHMUD
Registrar - General

CORPORATE AFFAIRS COMMISSION



FORM CAC 2.1

PARTICULARS OF PERSON, FIRM OR COMPANY SECRETARY OF FIRM OR A CHANGES THEREIN

Pursuant to Section 293

FEMI ONIBALUSI ESQ.

NOTARY PUBLIC

Suite 11A, Ground Floor,
Tafawa Balewa Sq. Complex
Lagos.

Company Number

Company Name

FOLAY NATURAL PRODUCTS LTD

The above named Company hereby gives notice of the appointment of:

Surname	TESLIM-SHITTU
Other Names	TEMITAYO

Forenames and Surname
In case of individual and
name of firms or corporations
In case of firm or corporation

of:

SUITE 11A, GROUND FLOOR, EAST PAVILION, TAFAWA			
BALEWA SQUARE COMPLEX		City	LAGOS ISLAND
State	LAGOS	Telephone No.	08034417710
P.O. Box		e-mail	

**Usual residential address

In case of individuals and as Secretary of the Company

Registered office or principal

office in case of firm or

corporation

Indicate whether change

In Secretary

Change: Yes

No

Signature of Director

OLADUNNI OLAYELE

Name of Director & Tel. No..

Signature of Director

MOTOSOLA NIDAN-OLADI

Name of Director & Tel. No..

Note: This Form must be accompanied by Board excerpts or resolution of Company

Presented for filing by:

Name: **SYLVANUS NWAGWEMKA OKOLI** Accreditation Number: **CAC/IND/ABA/16892**

Address: **SUITE 11A, GROUND FLOOR, EAST PAVILION, TBS COMPLEX, LAGOS IS**

Tel. No. & E-mail: **08068269103, Sylvanagary2006@yahoo.com** Signature & Date: **[Signature] 29/03/2016**

CORPORATE AFFAIRS COMMISSION

CORPORATE AFFAIRS COMMISSION
YABA OFFICE
#500.00



FORM CAC

PARTICULARS OF PERSONS WHO ARE FIRST DIRECTORS OF THE COMPANY
Pursuant to Section 35

CORPORATE AFFAIRS COMMISSION
Certified True Copy
25 MAR 2015
NAME: FOLAY NATURAL PRODUCTS
SIGN: [Signature]
COMPANIES INCORP OFFICER
32355 FT
FILED STATE SECRETARY OF FLORIDA
MAR 15 AM 10:47

Company Number

Company Name

FOLAY NATURAL PRODUCTS

PARTICULARS OF DIRECTORS

1.

Surname	OLADUNNI		
Other Names:	OLAYELE	Age	ADULT
Nationality	NIGERIAN		
Residential Address	47B, REDWOOD STREET, NORTHERN FORESHORE ESTATE		
	City: LEKKI	State	LAGOS
P.O. Box	E-mail	Tel. No.	

I consent to be a director of the above named company

Signature [Signature]

Date 17-7-2015

2.

Surname	MARTINS		
Other Names:	AYOOLA	Age	ADULT
Nationality	NIGERIAN		
Residential Address	47B, REDWOOD STREET, NORTHERN FORESHORE ESTATE		
	City: LEKKI	State	LAGOS
P.O. Box	E-mail	Tel. No.	

I consent to be a director of the above named company

Signature [Signature]

Date 17-7-2015

3.

Surname	OLADUNNI		
Other Names:	MOYDSOLA NIRAN	Age	ADULT
Nationality	NIGERIAN		
Residential Address	PLOT 1, ALA QUARTERS BY SENIOR STAFF CLUB		
	City: AKURE	State	ONDO
P.O. Box	E-mail	Tel. No.	

I consent to be a director of the above named company

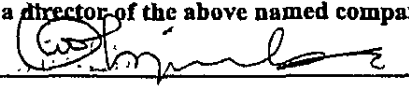
Signature [Signature]

Date 17-7-2015

4

Surname	OQUINTOYINBO		
Other Names:	MDJISOLA	Age	ADULT
Nationality	NIGERIAN		
Residential Address	PLOT 1, ALA QUARTERS BY SENIOR STAFF CLUB		
	City: AKURE	State	ONDO
P.O. Box	E-mail	Tel. No.	

I consent to be a director of the above named company

X Signature 

Date 17-7-2015

5

Surname	FASELUKA		
Other Names:	AYODEJI	Age	ADULT
Nationality	NIGERIAN		
Residential Address	47B, REDWOOD STREET, NORTHERN FORESHORE ESTATE		
	City: LEKKI	State	LAGOS
P.O. Box	E-mail	Tel. No.	

I consent to be a director of the above named company

X Signature 

Date 17-7-2015

6

Surname			
Other Names:		Age	
Nationality			
Residential Address			
	City:	State	
P.O. Box	E-mail	Tel. No.	

I consent to be a director of the above named company

Signature _____

Date _____

7

Surname			
Other Names:		Age	
Nationality			
Residential Address			
	City:	State	
P.O. Box	E-mail	Tel. No.	

I consent to be a director of the above named company

Signature _____

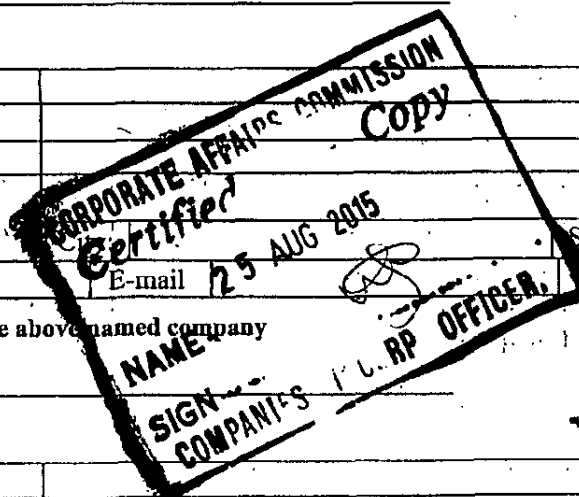
Date _____

8

Surname			
Other Names:		Age	
Nationality			
Residential Address			
	City:	State	
P.O. Box	E-mail	Tel. No.	

I consent to be a director of the above named company

Date _____



Surname			
Other Names:		Age	
Nationality			
Residential Address			
	City:	State	
P.O. Box	E-mail	Tel. No.	

I consent to be a director of the above named company

Signature _____ Date _____

10.

Surname			
Other Names:		Age	
Nationality			
Residential Address			
	City:	State	
P.O. Box	E-mail	Tel. No.	

I consent to be a director of the above named company

Signature _____ Date _____

11

Surname			
Other Names:		Age	
Nationality			
Residential Address			
	City:	State	
P.O. Box	E-mail	Tel. No.	

I consent to be a director of the above named company

Signature _____ Date _____

12

Surname			
Other Names:		Age	
Nationality			
Residential Address			
	City:	State	
P.O. Box	E-mail	Tel. No.	

I consent to be a director of the above named company

Signature _____ Date _____

Note:

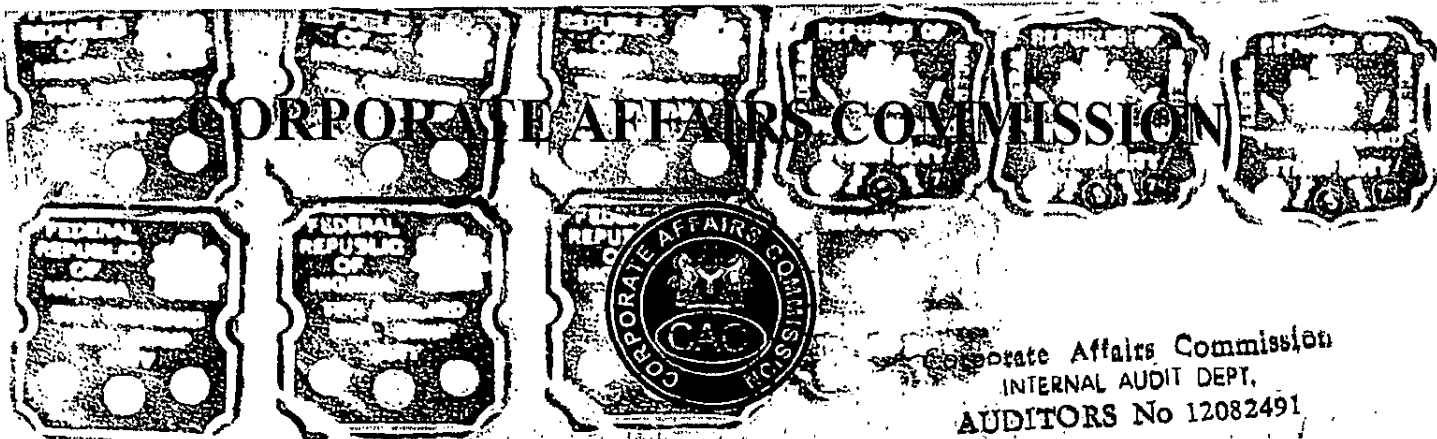
- Director include any person who occupies the position of a director by whatsoever name called. A body corporate should be represented by a natural person. This should be indicated. The name of the body corporate should be written in the space provided for surname while the name of the natural persons should be written in the space provided for other names. The nationality, residential address and signature of the natural person should be provided in the respective spaces provided.
- If there is insufficient space on the form to provide any information required please attach a separate sheet containing the information set out in the Prescribed form

Presented for filling by:

Name: JYLVANUS NNARMKA OKOLO Accreditation Number: SAC/END/NBA/16853
 Address: Suite 11A, Ground Floor, East Pavilion, TSC Complex, Lagos Island

CORPORATE AFFAIRS COMMISSION
 Certified True Copy
 25 AUG 2015
 NAME _____
 SIGN _____
 COMPANIES INCORP OFFICER.

SECRETARY
 16 MAR 5 AM 10 48



Corporate Affairs Commission
INTERNAL AUDIT DEPT.
AUDITORS No 12082491

FORM CAC 2

Sign/Date.....

STATEMENT OF SHARE CAPITAL AND RETURN OF THE Commission.
Pursuant to Section 35 & 12 of the Companies Act, 1990
The Instrument Contained therein is

DULY STAMPED
Date.....
Commissioner of Stamp Duties

Company Number

Company Name FOLAY NATURAL PRODUCTS LTD

A. STATEMENT OF SHARE CAPITAL

THE NOMINAL SHARE CAPITAL OF THE ABOVE NAMED COMPANY IS:

FIVE MILLION NAIRA
AMOUNT IN WORDS

Certified True Copy
CORPORATE AFFAIRS COMMISSION
25 AUG 2015
NAME.....
SIGNATURE OF INCORP. OFFICER.

DIVIDED INTO 5,000,000 OF N 1.00 EACH

b. RETURN OF ALLOTMENT OF SHARES

Number of shares allotted 4,350,000
Nominal amount of shares so allotted 4,350,000.00
Amount paid or due 1.00
Number of shares allotted 4,350,000
Amount to be treated as paid on each such share:

The consideration for which such shares have been allotted is as follows

Dated this 17th day of July 20 15

Signature of Director [Signature]

CHECKED

Name of Director & Tel. No.

RC 1282711



**CORPORATE AFFAIRS COMMISSION
FEDERAL REPUBLIC OF NIGERIA**

Certificate of Incorporation

I hereby certify that

FOLAY NATURAL PRODUCTS LTD

*is this day incorporated under the COMPANIES AND ALLIED
MATTERS ACT 1990 and that the Company is Limited By Shares.*

Given under my hand at Abuja this 24th day of August, 2015.

FILED
STATE
SECRETARY OF RECORDS
TALLAHASSE, FLORIDA
16 MAR 15 AM 10:48




BELLO MAHMUD

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. FOLAT NATURAL PRODUCTS LTD LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. _____ (Jurisdiction under the law of which foreign limited liability company is organized)

3. _____ (FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 8015 HIDDEN RIVER DR. APARTMENT B TAMPA
FLORIDA 33617.

(Street Address of Principal Office)

6. 8015 HIDDEN RIVER DR. APARTMENT B TAMPA
FLORIDA 33617.

(Mailing Address)

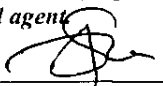
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: OMOGBO LAHAN FAGBENJA

Office Address: 8015 HIDDEN RIVER DR. APT B
TAMPA, Florida 33617
(City) (Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

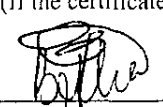

(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

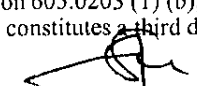
OLAYELE OLADUNNI-MGR; 17B, REDWOOD STREET, NORTHERN
FORESHORE ESTATE LEKKI LAGOS NIGERIA

MGR- OMOGBOLAHAN FAGBENJA; 8015 HIDDEN RIVER DR. APT. B TAMPA FL. 33617

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)


Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Typed or printed name of signee

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 MAR 15 AM 10:48