## N0400000 3019

| (Re                                     | questor's Name)   |           |  |  |
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| (City/State/Zip/Phone #)                |                   |           |  |  |
| PICK-UP                                 | ☐ WAIT            | MAIL      |  |  |
| (Bu                                     | siness Entity Nan | ne)       |  |  |
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| Certified Coples                        | _ Certificates    | of Status |  |  |
| Special Instructions to Filing Officer: |                   |           |  |  |
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## TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

| SUBJECT: ASSC      | (PROPOSED CORPORATE                | PREATER AFR                        | LICA, INC.                                       |
|--------------------|------------------------------------|------------------------------------|--|
|                    | (PROPOSED CORPORATE                |                                    |  |
| \$70.00 Filing Fee | Filing Fee & Certificate of Status | S78.75 Filing Fee & Certified Copy | \$87.50 Filing Fee, Certified Copy & Certificate |
|                    |                                    | ADDITIONAL COPY REQUIRED           |  |
| FROM:              | DR. EGHOSA L                       | IGBOMA  ated or typed)             |  |
|                    | 7813 INDIGO 57                     | TREET                              |  |

NOTE: Please provide the original and one copy of the articles.



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

February 16, 2004

DR. EGHOSA UGBOMA 7813 INDIGO ST MIRAMAR, FL 33023

SUBJECT: ASSOCIATION FOR GREATER AFRICA, INC.

Ref. Number: W04000006572

We have received your document for ASSOCIATION FOR GREATER AFRICA, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

Please return the original and one copy of 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) 245-6884.

Shawn Logan Document Specialist New Filings Section

Letter Number: 704A00010458

| ARTICLES OF INCORPORATION   |     |
|---|-----|
| In Compliance with Chapter 617, F.S., (Not for Profit)  |     |
| The name of the corporation shall be:   |     |
| ASSOCIATION FOR CREATER AFRICA INC = F  |     |
| ARTICLE II PRINCIPAL OFFICE   |     |
| The principal place of business and mailing address of this corporation shall be:   |     |
| MRAMAR, FL 33023  |     |
| The purpose for which the corporation is organized is:  |     |
| BUILDING STRONG TIES AMONG AFRICANS IN HEORIDA;   |     |
| EXCHANGING INFORMATION, ENLIGHTENING, WORKING TOGETHE<br>ARTICLE IN MANNER OF ELECTION STIVE RELATIONS BETWEEN APRICATE   | 多分  |
| The manner in which the directors are elected or appointed: THE REST OF THE WORLD   | _   |
| BY NOMINATION   |     |
| ARTICLE Y INITIAL DIRECTORS AND/OR OFFICERS   |     |
| List name(s), address(es) and specific title(s):  (1) DR. EGHOSA UGBOMA, 78/3 INDIGO STREET, MIRAMAR, FC 33023; PRESIDENT   |     |
| (1) DR. EYHOSA UYBOMA, TOIS INDIGO SIREE, MASTINGE, FL 2007 (1) VICE REST.  (2) DR. BILL JONG-EBOT, 1341 N.W. 177 TERRANCE, MASMI, FL 23169; VICE REST.  (3) DR. MUNGBALEMNE KOYAME, 15811 LOCK ISLE DR. W., MIAMIJAKES, PL 330,  (4) MR. CHRISTOPHER NWAMAH, 330 N.E. 115 STREET N. MAIMI, TREASURE  THE NAME AND STREET ADDRESS PL 33161; FINANCIAL.  THE name and Florida street address of the registered agent is: | Æ   |
| (3) DR. MUNGBAP EMNE KOYAME 15811 LOCK ISLEDR. W, MIAMILDIKES PL 330.   | ſc  |
| MR. CHRISTOPHER NWAMAH 330 N.E. 115 STREET N. MAINI, TREASURI   | E:  |
| The name and Florida street address of the registered agent is:   | , _ |
| DR. BILL JONG-EBOT  | 1   |
| MAMI FLESSIE  |     |
| The name and address of the Incorporator is:  |     |
| DR. EGHOSA UGBOMA   |     |
| 7813 INDIGO STREET, MIRAMAR, FL 33023   |     |
| Having been named as registered agent to accept service of process for the above stated corporation at the place designated   |     |
| in this certificate, I and familiar with and accept the appointment as registered agent and agree to act in this capacity.  |     |
| Signature/Registered Agest ()   |     |
| Signature/Registered-Agent Date   |     |
|   |     |