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| (Re                     | equestor's Name)  |           |
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| (Ad                     | ldress) ,         |           |
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| PICK-UP                 | ☐ WAIT            | MAIL      |
| (Bu                     | siness Entity Nan | ne)       |
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| Certified Copies        | _ Certificates    | of Status |
| Special Instructions to | Filing Officer:   |           |
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Office Use Only

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## **COVER LETTER**

FILED SECRETARY OF STATE DIVISION OF COREDRATION:

2009 APR 13 PH 4: 25

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

SUBJECT: ZUMUNTA ASSOCIATION FLORIDA CHAPTER USA INC. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the Articles of Incorporation and a check for:

FROM: DANLADI F. SULEMAN
Name (Printed or typed)

1542 SW 187AVENUE
Address

PEMBLOKE PINES, FL. 33029
City, State & Zip

(754) 234-7217
Daytime Telephone number

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



FILED
SECRETARY OF STATE
OIVISION OF CORPORATION

2009 APR 13 PM 4: 25

# FLORIDA DEPARTMENT OF STATE Division of Corporations

September 19, 2008

DANLADI F. SULEMAN 1542 SW 187 AVENUE PEMBROKE PINES, FL 33029

SUBJECT: ZUMUNTA ASSOCIATION FLORIDA CHAPTER USA INC.

Ref. Number: W08000043695

We have received your document for ZUMUNTA ASSOCIATION FLORIDA CHAPTER USA INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person designated as registered agent in the document and the person signing as registered agent must be the same.

The person designated as incorporator in the document and the person signing as incorporator must be the same.

Please return the corrected 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) 245-6973.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 108A00050895

MS. GOLDEN,
PER OUR CONVERSATION ON 4/8/09, 1AM
RETURNING THE FERMS. THIS IS MY NERMAL
AND OFFICIAL SIGNATURE AS I SIGN EACH
AND EVERY DOCUMENT.

THANKS QUIEMAN DANLADI SUIEMAN (754) 234-7217 Sulmeal Secre DEPARTMENT OF STATE

09 APR 13 AM 8: 20

# ARTICLES OF INCORPORATION

In Compliance with Chapter 617, F.S., (Not for Profit)

SEURE TARY OF STATE DIVISION OF CORPORATION

| <i>ARTICLE</i> | C I | NAME |
|----------------|-----|------|

The name of the corporation shall be:

2009 APR 13 PM 4: 25

ZUMUNTA ASSOCIATION FLORIDA CHAPTER USA INC.

#### ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

1542 SW 187AVENUE

PEMBROKE PINES, FL. 33029

## ARTICLE III PURPOSE

1. TO PROMOTE, FOSTER, AND PROTECT OUR DIVERSE CULTURAL HERITAGE THROUGH EXHIBITION OF NIGERIAN ART, CRAFT AND CLASSROOM PRESENTATIONS AND CULTURAL PERFORMANCES AMONGST THE COMMUNITIES IN WHICH WE LIVE.

2. TO RENDER MORAL AND ECONOMIC SUPPORT TO ALL MEMBERS INTIME OF NEED. ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed: CANDIDATES FOR POSITION IN ZUMUNTA ASSOCIATION FLORIDA CHAPTER USA INC.

WILL BE ELECTED THROUGH THE DEMOCRATIC PROCESS AS STIPULATEN IN THE CONSTITUTION AND BYLAWS.

## ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s): DANLADI F. SULEMAN (PRESIDENT) 1542 SW 187 AVENUE, PEMBROKE PINES, FL. 33029 HASSAN I. AHMED (VICE PRESIDENT) 2901 CYPRESS AVENUE, MIRAMAR, FL 33025 DR. SADIQ ABDULLAHI (SECRETARY) 13911 SW 122 AVENUE, MIAMI, FL.33186

### ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

DANLADI F. SULEMAN 1542 SW 187 AVENUE

PEMBROKE PINES, FL 33029

## ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

DANLADI F. SULEMAN 1542 5W 189 AVENUE

PEMBROKE PINES, FL 33029

| Having been nam             | ed as registered agen | nt to accept service of process for the above stated corporation at the place designated |
|-----------------------------|-----------------------|--|
|                             |                       | nd accept the appointment as registered agent and agree to act in this capacity.         |
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| \- //                       | ` /                   | $\alpha / \alpha / \alpha $  |

| Salanace Jacoere           | 9/17/0 |
|----------------------------|--------|
| Signature/Registered Agent | Date   |
|                            |        |

Signature/Incorporator