N10000/453

| (Requestor's Name) | | | | | |
|---|-------------------|-----------|--|--|--|
| (Address) | | | | | |
| (Ad | dress) | | | | |
| (Cit | y/State/Zip/Phone | e #) | | | |
| PICK-UP | ☐ WAIT | MAIL | | | |
| (Bu | siness Entity Nar | ne) | | | |
| (Document Number) | | | | | |
| Certified Copies | _ Certificates | of Status | | | |
| Special Instructions to Filing Officer: | | | | | |
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DETAIL TEST OF STATE OF STATE

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COVER LETTER

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

| SUBJECT: KEN | YA DEVELOPM | MENT FUND | CORP. | | |
|--|--|-------------------------------------|--|--|--|
| | (PROPOSED CORPOR) | ATE NAME – <u>MUST INCL</u> | <u>JDE SUFFIX</u>) | | |
| | | | | | |
| | | | | | |
| Enclosed is an original ar | nd one (1) copy of the Ar | rticles of Incorporation and | d a check for: | | |
| \$70.00 Filing Fee | \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy | \$87.50 Filing Fee. Certified Copy & Certificate | | |
| | | ADDITIONAL C | OPY REQUIRED | | |
| | | | | | |
| FROM: | Barack | A bonyo Printed or typed) | _ | | |
| 656 Dent St | | | | | |
| Tallahassee FL 32304 | | | | | |
| 850 — 385 — 06 29 · Daytime Telephone number | | | | | |
| Luo 31 @ hetmail. Com: E-mail address: (to be used for future annual report notification) | | | | | |

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

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

| ARTICLE I NAME The name of the corporation shall be: WENYA DEV | ELOPMENT | FUND | CORPORATION |
|--|---|--|--------------------------|
| ARTICLE II PRINCIPAL OFFICE Principal street address 656 dent st Tallahacce FL 32304 | 6 | Mailing addres Sb dent Allahasse | s, if different is: |
| ARTICLE III PURPOSE | | | |
| The purpose for which the corporation is organized is: To mobilize Keryans in the to invest in Kenyan natural an of alleviating poverty and limit | diaspura o | ind inte | rested organiza |
| to invest in Kenyan natural as | nd human re | sources | for the purpose |
| of alleviating poverty and limit | ting forzigh | depren | denci |
| ARTICLE IV MANNER OF ELECTION The manner in | which the directors are elec | ted and appointed | g: |
| stated in the bylaws. | | | |
| Name and Title: Dr. BaraCK D. Abonyo Address: 656 Lent st Telkharcoe FL 3230 | Name and Title: Address: | | |
| Name and Title:Address: | Name and Title:Address: | | 19 |
| Name and Title: | | | |
| ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of Name: Name: Dr. Barack Aberts Address: 656 dont St. Tallahasse Fl. 323 | the registered agent is: | 00 m | H FEB - |
| ARTICLE VII INCORPORATOR | | | |
| The name and address of the Incorporator is: Name: Address: TallahirCer FL. 32 | 15 364 | 200 200 200 200 200 200 200 200 200 200 | |
| Having been named as registered agent to accept service of process certificate, I am familiar with and accept the appointment as registered | ss for the above stated co. | | place designated in this |
| Required Signature of Registered Agent | | 11th | Teb 2011 Date |
| I submit this document and affirm that the facts stated herein are tractor to the Department of State constitutes a third degree felony as provide Required Signature of Incorporator | ue. I am aware that any fo ed for in s.817.155, F.S. | ulse information | submitted in a document |