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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
St. Ebenera Onaspola					
AUTHORIZATION BY PHONE TO					
DATE 9/20/11					
DOC DAM MED					





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11 SEP 19 PH 2: 02
SECRETARY OF STATE

MRD 9/20

COVER LETTER

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

SUBJECT:	THE KEGITES' CLUB INTERNATIONAL - ILYA ANCESTOR INCORPORATED				
(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)					
D 4 4					
Enclosed is a	n original and one (1) copy of the Articles of Incorporation and a check for:				
\$70.0 Filing					
	ADDITIONAL COPY REQUIRED				
FROM: DR. ONAGBOLA, EBENEZER O. Name (Printed or typed)					
1321, SHARAZAD BOULEVARD #6					
Address					
OPA-LOCKA, FL 33054					

E-mail address: (to be used for future annual report notification)

+1-352-505-2505; 786-234-7040

dronagbola@gmail.com

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

City, State & Zip

Daytime Telephone number

ARTICLES OF INCORPORATION

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

	THE KEGITES' CLI poration shall be: INCORPORATED	UB INTERI	NATIONAL - ILYA ANCESTOR
•	PRINCIPAL OFFICE		
	Principal street address		Mailing address, if different is:
-	1321, SHARAZAD BOULEVARD, #6		P. O. BOX 471422, MIAMI, FL 33247.
	OPA-LOCKA, FL 33054	_	
	<u>PURPOSE</u>		
	ich the corporation is organized is:		
	rtain cultural heritage of our forefath		
	ig numans race; to promote transpa age rascism, tribalism or sectionalis		sty and truthfulness among members; cts.
The Kegites' Club Ir officers into offices.	The Club's Chief (President) selects the memb	n-religious socio- ers of his cabinet	cultural organization that does not elect, but select directors
	INITIAL OFFICERS AND/OR DIRECTO		le:
Address:	1321, Sharazad Boulevard #6	Name and Thi	[C
	Opa-Locka, FL 33054.		
		-	
N. 1 mil		3.7 1.007.0	
Address:			le:
Audress.		Address:	
			
			
Name and Title			le:
Address:		_ Address:	
		_	
		_	
ARTICLE VI	REGISTERED AGENT		,
L	da street address (P.O. Box NOT acceptable) o	f the registered ag	ent is:
Name:	Dr. Onagbola, Ebenezer O.	-	,
Address:	1321, Sharazad Boulevard #6	_	ASE I
	Opa-Locka, FL 33054.		SS S T
	· · · · · · · · · · · · · · · · · · ·	_	IT T
ARTICLE VII	INCORPORATOR		
	ess of the Incorporator is:		m - p 11
Name:	Dr. Onagbola, Ebenezer O.	_	PH 2: 02 EE. FLORIE
Address:	1321, Sharazad Boulevard #6	_	2: 2:
	Opa-Locka, FL 33054,	_	
			Su
Havina heen named	as registered agent to accent service of proce	es for the above	stated corporation at the place designated in this
	liar with and accept the appointment as register		
, ,			·
	di-0 - Onaforla		Sept. 15,2011
	Required Signature of Registered Agent		Date
	, , ,	•	- mv
	ent and affirm that the facts stated herein are to State constitutes a third degree felony as provid		that any false information submitted in a document 55, F.S.
	Ora Orala		0. 10 2-4
	Required Signature of Incorporator		Sept. 15, 2011
	Required Signablire of Incomparator		l late