

N12000004660

(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:

Office Use Only



100230080391

04/24/12--01008--016 **87.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAY - 7 PM 4:53



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
12 MAY -7 PM 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

April 25, 2012

EMMANUEL N OKWOR
2880 W OAKLAND BLVD #229
FORT LAUDERDALE, FL 33311

SUBJECT: MEIOK, INC.
Ref. Number: W12000022866

We have received your document for MEIOK, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

The purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the non profit corporation is being organized.

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) 245-6052.

Pamela Smith
Regulatory Specialist II

Letter Number: 012A00012668

Attn: Pamela

Resubmission documents attached

Emmanuel Okwor
5/2/12

COVER LETTER

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

SUBJECT: Meiok Inc.

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and 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 COPY REQUIRED

FROM: Emmanuel N. Okwor

Name (Printed or typed)

2880 W. Oakland Blvd #229

Address

Fort Lauderdale, FL 33311

City, State & Zip

954-655-3877

Daytime Telephone number

emokwor@yahoo.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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be: **MEIOK INC.**

12 MAY -7 PM 4: 53

ARTICLE II PRINCIPAL OFFICE

Principal street address
2880 West Oakland Park Boulevard # 229
Fort Lauderdale, FL 33311

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Rural Development, Youth Empowerment/Correction
Executive Summary:

MEIOK Incorporated is a non-profit organization with the principal aim of rural development. This will be achieved by encouraging and helping individuals who are privileged to be in United States of America for better opportunities in creating a better life for themselves. The organization aims at liberating the privileged man especially the youths from absolute poverty, thereby reducing suffering that leads to evil machination which is a cancer worm in the society. The resultant effect of our hard work will produce a society filled with self-assured individuals who are utilizing their various gifts and opportunities in productive and helpful manner to themselves and the society at large.

The general purpose will be extended to other countries out side United States of America. It may in future help the less privileged get social services and infrastructure.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

By election in a general annual meeting.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Emmanuel Okwor, President
Address: 2880 West Oakland Park Blvd #229
Fort Lauderdale, FL 33311

Name and Title: Victor Onyeagoro, Director
Address: _____

Name and Title: Blessing Onwubuariri, Director
Address: 2880 W. Oak Park Blvd #229
Ft. Lauderdale, FL 33311

Name and Title: _____
Address: _____

Name and Title: Mnena Iyorpu, Director
Address: 2880 W. Oakland Pk. Blvd #229
Ft. Lauderdale, FL 33311

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Emmanuel Okwor
Address: 2880 W. Oakland Park Blvd #229
Ft. Lauderdale, FL 33311

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Emmanuel Okwor
Address: 2880 W. Oakland Pk. Blvd #229
Fort Lauderdale, FL 33311

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature of Registered Agent

05/01/12

Date

I submit this document and affirm that the facts stated herein are true. 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.



Required Signature of Incorporator

05/01/12

Date