

N13000008152

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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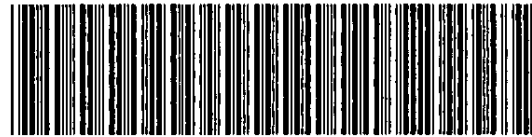
(Business Entity Name)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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9/12  
[Signature]

## COVER LETTER

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

**SUBJECT:** CLIFFORD OJERIAKHI IMUDIA MEMORIAL FOUNDATION, 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: DR. ANTHONY N. IMUDIA**  
Name (Printed or typed)

**1049 NORMANDY TRACE ROAD**  
Address

**TAMPA, FLORIDA 33602**  
City, State & Zip

**(248) 918-8592**  
Daytime Telephone number

**AIMUDIA76@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)

### **ARTICLE I NAME**

The name of the corporation shall be: CLIFFORD OJERIAKHI IMUDIA MEMORIAL FOUNDATION, INC.

### **ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
1049 NORMANDY TRACE ROAD  
TAMPA, FLORIDA 33602

Mailing address, if different is:  
SAME AS PRINCIPAL ADDRESS

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: - exclusively religious, charitable, scientific, literacy, and educational within the meaning of section 501(c)(3) of the Internal Revenue Code of 1986 or the corresponding provision of any future United State Internal Revenue Law.

- Notwithstanding any other provisions of these articles, this organization shall not carry on any activities not permitted to be carried on by an organization exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code of 1986 or the corresponding provision of any future United States Internal Revenue Law.

- In the event of dissolution, the residual assets of the organization which themselves are exempt as organizations described in sections 501(c)(3) and 170(c)(2) of the Internal Revenue Code of 1986 or corresponding sections of any prior or future Internal Revenue Code, or the Federal, State, or local government for exclusive public purpose.

### **ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: AS PROVIDED FOR IN THE BYLAWS

### **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: DR. ANTHONY N. IMUDIA

Name and Title: \_\_\_\_\_

Address EXECUTIVE DIRECTOR

Address: \_\_\_\_\_

1049 NORMANDY TRACE ROAD

TAMPA, FLORIDA 33602

Name and Title: EARNEST AIRHIA

Name and Title: \_\_\_\_\_

Address SECRETARY

Address: \_\_\_\_\_

1105 TRUDEAU DRIVE

METAIRIE, LA 70003

Name and Title: ERASTUS ASOWATE

Name and Title: \_\_\_\_\_

Address TREASURER

Address: \_\_\_\_\_

1507 CHASE RIDGE DRIVE

RIVERDALE, GA 30296

13 SEP - 9 AM 11:25  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: DR. ANTHONY N. IMUDIA  
Address: 1049 NORMANDY TRACE ROAD  
TAMPA, FLORIDA 33602

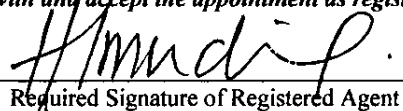
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: DR. ANTHONY N. IMUDIA  
Address: 1049 NORMANDY TRACE ROAD  
TAMPA, FLORIDA 33602

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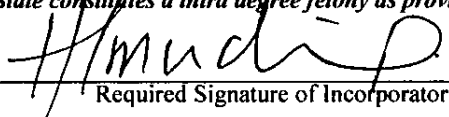
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
Required Signature of Registered Agent

09/06/2013

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

09/06/2013

Date