

N15000002074

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

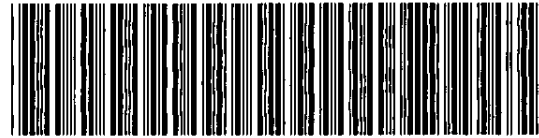
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF STATE
DIVISION OF REGISTRATION

SECRETARY OF STATE
TALLAHASSEE FLORIDA

15 FEB 27 PM 4:52

APPROVED
AND
FILED

COVER LETTER

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

SUBJECT: **Bajju Development Foundation, North America 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: **Jonathan Audu**
Name (Printed or typed)

5639 Cypress Circle
Address

Tallahassee, FL 32303
City, State & Zip

850-559-0024
Daytime Telephone number

studio60jwa@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: Bajju Development Foundation, North America FNC

ARTICLE II PRINCIPAL OFFICE

Principal street address:
5639 Cypress Circle

Tallahassee, FL 32303

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Bajju Development Foundation, North America, is a charitable organization created
for the purpose of community development projects that will strive to provide
education, health and agricultural improvement in rural Africa.

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

Officers are elected by a simple majority of the votes.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jonathan Audu/President

Address: 5639 Cypress Circle
Tallahassee, FL 32303

Name and Title: Haggai Habila/Secretary

Address: 26016 14th Avenue South
Des Moines, WA 98198

Name and Title: Alherry Dogonyaro/Treasurer

Address: 13811 Naomi Hollow Lane
Houston, TX 77082

Name and Title: Danfadi Suleman/Asst. Secretary

Address: 1542 SW 187 Avenue
Pembroke Pines, FL 33029

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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TALLAHASSEE, FLORIDA

15 FEB 27 PM 4:52

ARTICLE
AND
FILED

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: Danladi Suleman

Address: 1542 SW 187 Avenue

Pembroke Pines, FL 33029

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

Name: Jonathan Audu

Address: 5639 Cypress Circle

Tallahassee, FL 32303

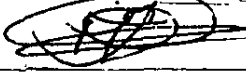
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature of Registered Agent

2/27/15
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

2/27/15
Date