## N15000009749

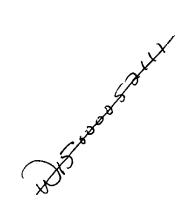
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PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
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Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		
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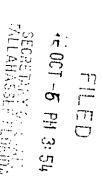
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

August 3, 2015

ESTER OKEKE 10605 NOAHS CIRCLE, #511 NAPLES, FL 34116

SUBJECT: GLOBAL HEALTH INITIATIVE

Ref. Number: W15000052111

We have received your document for GLOBAL HEALTH INITIATIVE 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 name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation.

One or more major words may be added to make the name distinguishable.

Please verify the spelling of the vice president name. The spelling is very unclear.

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.

Carol Mustain Regulatory Specialist II

Letter Number: 415A00016203

www.sunbiz.org

## **COVER LETTER**

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

SUBJECT: GLOBAL HEALTH INITIATIVE, INC. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

\$\begin{align\*} \Boxed{\sigma} \\$70.00 & \Boxed{\sigma} \\$78.75 & \Boxed{\sigma} \\$87.50 & \Filing Fee & Filing Fee, \ Certificate of & Certified Copy & Certified Copy \end{align\*}

Status

ADDITIONAL COPY REQUIRED

& Certificate

FROM: Esther Okeke
Name (Printed or typed)

10605 Noah's Circle, #511

Naples, FL 34116

301 - 407 - 5249

Daytime Telephone number

<u>e-mail address:</u> (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: GLOBAL HEALTH INITIATIVE, INC.
ARTICLE II PRINCIPAL OFFICE
Principal street address:  2520 DAVIS BLVD, P.O. Box 990554
UNITE NAPLES, FL 34116
NAPLES, FL 34104
ARTICLE III PURPOSE  The purpose for which the corporation is organized is: Exclusively for charitable, educational and scientific purposes, including for such purposes, more specifically to water Sanitation, Gender equality, Poverty
water sanitation, Gender equality, Poverty and Leteracy.
•
ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: The manner will be written on the bylaw.
Name and Title: Esther Okeke (President) ame and Title: Emeka M. 1 Fedi (Vice President)
Address 10605 Noah's Grele Address: House 23, C-Close 14 Road
#511 Efab Estate, Lokogoma
Naples, FL 34116 Abya, Nigeria
Name and Title: Edith N. Chuta Name and Title: Amaka Ikwuka
Address 5422 Forest Bridge Address: 54 Beckenham Avenue,
Way, But Day, Birmingham,
Houston, Tx 77066 United Kingdom
Name and Title: Name and Title:
Address:  Address:
PH 33

Name and Title:	Name and Title:
Address	Address:
· , , , , , , , , , , , , , , , , , , ,	
Name and Title:	Name and Title:
Address	Address:
Address	Address.
<u> </u>	;
ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NOT accept	otable) of the registered agent is:
Name: Esther Okeke	
Address: 2520 Davis Blue	
Naples, FL 34	<u> ဥ</u> : မွ
ARTICLE VII INCORPORATOR	25 55 S
The <u>name and address</u> of the Incorporator is:	
Name: Esther Okeke	la Hell
Address: 10605 Noah's Cin	
Naples, FL 34	116_
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing:	(OPTIONAL)
	d cannot be more than five business days prior or 90 business days
	plicable statutory filing requirements, this date will not be listed as the
document's effective date on the Department of State's reco	
Having been named as registered agent to accept service of	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
John Ole	0913015
Required Signature of Registered  I submit this document and affirm that the facts stated here!	Agent Date in are true. I am aware that any false information submitted in a document
to the Department of State constitutes a third degree felony a	
- feliabele	09/30/6
Required Signature of Incorp	orator Date

MICHELLE RODRIGUEZ

Notary Public - State of Florida

My Comm. Expires Mar 19, 2018

Commission # FF 103855

9.30.15