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SECRETARY GENERAL  
TALLAHASSEE, FLORIDA

*Handwritten signature/initials*



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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.

(IFEDI)

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

## 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 :

☐ \$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: Esther Okeke  
Name (Printed or typed)

10605 Noah's Circle, #511  
Address

Naples, FL 34116  
City, State & Zip

301-407-5249  
Daytime Telephone number

gheathi@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: GLOBAL HEALTH INITIATIVE, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

2520 DAVIS BLVD,  
UNIT E  
NAPLES, FL 34104

Mailing address, if different is:

P.O. BOX 990554  
NAPLES, FL 34116

**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  
and Literacy.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: The  
manner will be written on the bylaw.

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

Name and Title: Esther Okete (President)

Address: 10605 Noah's Circle  
#511  
Naples, FL 34116

Name and Title: Edith N. Chuta

Address: 5422 Forest Bridge  
Way,  
Houston, TX 77066

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

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

Name and Title: Emeka M. Ifeji (Vice President)

Address: House 23, C- Close 14 Road  
Efab Estate, Lokogoma  
Abuja, Nigeria

Name and Title: Amaka Ikwuka

Address: 54 Beckenham Avenue,  
B44 0QY, Birmingham,  
United Kingdom

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

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

SECRETARY OF STATE  
FLORIDA

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Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
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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: Esther Okeke  
Address: 2520 Davis Blvd, Unit E  
Naples, FL 34104

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TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Esther Okeke  
Address: 10605 Noah's Circle, #511  
Naples, FL 34116

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

09/30/15  
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

09/30/15  
Date



9.30.15