

N 16000003747

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

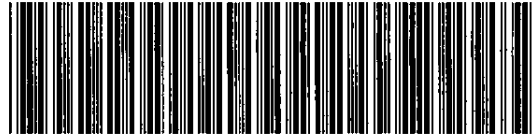
\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

558-



800282622538

03/03/16--01008--017 \*\*87.50

FILED  
16 APR 11 PM 1:50  
U.S. DISTRICT COURT  
NORTH DAKOTA  
FARGO

4/12/16

## COVER LETTER

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

**SUBJECT:** Association of Lawra Senior High School Alumni of 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:** Dr. Bulmuo T. Maakuu  
\_\_\_\_\_  
Name (Printed or typed)

2813 Shumard Street.  
\_\_\_\_\_  
Address

Winter Haven, FL33881  
\_\_\_\_\_  
City, State & Zip

850-766-0971  
\_\_\_\_\_  
Daytime Telephone number

maakuu62@hotmail.com

E-mail address: (to be used for future annual report notification)

FILED  
16 APR 11 PM 1:50

**NOTE:** Please provide the original and one copy of the articles.



RECEIVED

16 APR 11 PM 3:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 10, 2016

BULMUO T. MAAKU  
2813 SHUMARD STREET  
WINTER HAVEN, FL 33881

SUBJECT: BYLAWS OF THE ASSOCIATION OF LAWRA SENIOR HIGH  
SCHOOL ALUMNI OF NORTH AMERICA (LAWSECAN) INC.  
Ref. Number: W16000018170

We have received your document for BYLAWS OF THE ASSOCIATION OF  
LAWRA SENIOR HIGH SCHOOL ALUMNI OF NORTH AMERICA (LAWSECAN)  
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):

Entities may file using only the entity's name. Please delete any reference to the  
"doing business as name" in your document. If you wish to register your fictitious  
name, you may do so by filing an application and submitting the appropriate fees  
to this office.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are  
elected or appointed be contained in the articles of incorporation or a statement  
that the method of election of directors is as stated in the bylaws.

Bylaws are not filed with this office. Please retain them for your records.

Please return the corrected original and one copy of 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.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 616A00005019

FILED  
16 APR 11 PM 1:50

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be: Association of Lawra Senior High School Alumni of North America INC.

FILED

**ARTICLE II PRINCIPAL OFFICE**

16 APR 11 PM 1:50

Principal street address:  
2815 Shumard Street

Winter Haven, FL 33881

Mailing address, if different is:  
1401 1St Street N

P. O. Box 3795

Winter Haven, FL 33881-2404

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

- To support and conduct charitable and educational activities in Lawra Senior High School in Ghana.
- To foster unity, build and sustain a strong network of alumni that would work for the common good of Lawra Senior High School
- To develop a sustainable fund that would be used to primarily support intended educational and social programs for the school.
- To serve as a conduit and logistical support to other organizations, foundations and other interested parties aiming at providing support for Lawra Senior High School

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: The manner of election of the directors is as stated in the Bylaws of the Association.

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

Name and Title: Dr. Moro Salifu (President) Name and Title: \_\_\_\_\_

Address: 325 Winthrop Street Address: \_\_\_\_\_  
Brooklyn, NY 11225

Name and Title: Dr. Bulmuo T. Maakuu (Secretary) Name and Title: \_\_\_\_\_

Address: 2813 Shumard Street Address: \_\_\_\_\_  
Winter Haven, FL 33881

Name and Title: Mrs. Sophia Dedor (Treasurer) Name and Title: \_\_\_\_\_

Address: 281 Wildflower Ln Address: \_\_\_\_\_  
Hillsborough, NJ 08844

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: KINGSLEY A. ANTWI

Address: 16146 NW 14TH COURT  
PEMBROKE PINES, FL 33028

FILED  
16 APR 11 PM 1:50

**ARTICLE VII INCORPORATOR**

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

Name: Dr. Bulmuo T. Maakuu

Address: 2813 Shumard Street  
Winter Haven, FL 33881

**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*

[Signature]  
Required Signature of Registered Agent

2/19/16  
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.*

[Signature]  
Required Signature of Incorporator

2/27/2016  
Date