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SECRETARY OF STATE  
DIVISION OF CORPORATE AFFAIRS  
2016 NOV 14 PM 2:15

EFFECTIVE DATE 12/01/16

*[Signature]*

11/16/16

## COVER LETTER

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

**SUBJECT:** INTERNATIONAL COMMUNITY OF BANYAKIGEZI FLORIDA CHAPTER, 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:** BENJAMIN TWINAMAANI

\_\_\_\_\_  
Name (Printed or typed)

15102 AMBERLY DRIVE

\_\_\_\_\_  
Address

TAMPA FLORIDA 33647

\_\_\_\_\_  
City, State & Zip

813-500-0970

\_\_\_\_\_  
Daytime Telephone number

icobeflorida@gmail.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: INTERNATIONAL COMMUNITY OF BANYAKIGEZI FLORIDA CHAPTER, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
15102 AMBERLY DRIVE

TAMPA FLORIDA 33647-1618

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to promote, preseve and project the members' cultureal, educational,  
social, literary, economic and philathropic interests, and to engage in any lawful activity not incosistent with these objectives.

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

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

Name and Title: BENJAMIN TWINAMAANI, PRESIDEN Name and Title: CAMILLA TWINAMAANI, DICRET

Address: 9533 PEBBLE GLEN AVENUE Address: 9533 PEBLE GLEN AVENUE  
TAMPA, FLORIDA 33647 TAMPA FLORIDA 33647

Name and Title: CHARLES FORSTER, VICE PRESIDEN Name and Title: \_\_\_\_\_

Address: 18143 SANDY POINTE DRIVE Address: \_\_\_\_\_  
TAMPA, FLORIDA 33647 \_\_\_\_\_

Name and Title: CHARLES JOSEPH, SECRETARY/TRE Name and Title: \_\_\_\_\_

Address: 9554 PEBBLE GLEN AVENUE Address: \_\_\_\_\_  
TAMPA, FLORIDA 33647 \_\_\_\_\_

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: BENJAMIN TWINAMAANI  
Address: 15102 AMBERLY DRIVE  
TAMPA, FLORIDA 33647

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: BENJAMIN TWINAMAANI  
Address: 9533 PEBBLE GLEN AVENUE  
TAMPA FLORIDA 33647


**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: DECEMBER 1, 2016. (OPTIONAL)

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

11/10/2016  
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

11/10/2016  
Date

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2016 NOV 14 PM 2:15