

N17000002758

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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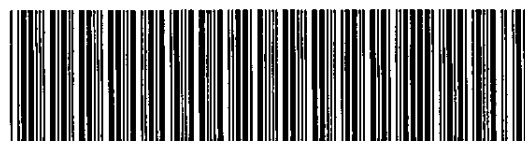
(Business Entity Name)

(Document Number)

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17 MAR 13 PM 2:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 04/02/17

03/14/17

## COVER LETTER

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

SUBJECT: LANGO CHRISTIAN CHARITABLE FUND USA, INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) - Inc.

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: BETTY ROSE AKOLI-OLWE  
Name (Printed or typed)

P.O. BOX 8496  
Address

TAMPA, FL 33674  
City, State & Zip

813 403-0746 or 813 479-3210  
Daytime Telephone number

Lango cc f e g m a i l . c o m  
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: LANGO CHRISTIAN CHARITABLE FUND USA, INC.

### ARTICLE II PRINCIPAL OFFICE

Principal street address:

6925 FRASCATI LOOP

SUITE A

WESLEY CHAPEL FL 33544

Mailing address, if different is:

P.O. BOX 8496

TAMPA, FL 33674

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to promote, preserve and project the members' cultural, educational, social, literary, economic and philanthropic interest, and to engage in any lawful activity not inconsistent with these objectives.

### ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: \_\_\_\_\_

by laws

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Betty R. Akoli-Olwe (P/D)</u>	Name and Title:	<u>Fr. Ben Twinamaani (D)</u>
Address:	<u>6925 Frascati loop</u>	Address:	<u>9553 pebble Glen Ave</u>
	<u>Wesley Chapel</u>		<u>Tampa,</u>
	<u>FL, 33544</u>		<u>FL 33647</u>
Name and Title:	<u>Dorine Akoli (V)</u>	Name and Title:	_____
Address:	<u>6925 Frascati loop</u>	Address:	_____
	<u>Wesley Chapel</u>		_____
	<u>FL 33544</u>		_____
Name and Title:	<u>Naphlim Olwe (S/T)</u>	Name and Title:	_____
Address:	<u>6925 Frascati loop</u>	Address:	_____
	<u>Wesley Chapel</u>		_____
	<u>FL 33544</u>		_____

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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: BETTY ROSE AKOLI-OLWE

Address: 6925 FRASCATI LOOP  
WESLEY CHAPEL, FL 33544

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: BETTY ROSE AKOLI-OLWE

Address: 6925 FRASCATI LOOP  
WESLEY CHAPEL, FL 33544

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**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: APRIL 2nd 2017 (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*

Betty Rose Akoli-olwe  
Required Signature of Registered Agent

03/09/2017  
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.*

Betty Rose Akoli-olwe  
Required Signature of Incorporator

03/09/2017  
Date