

N19000004547

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

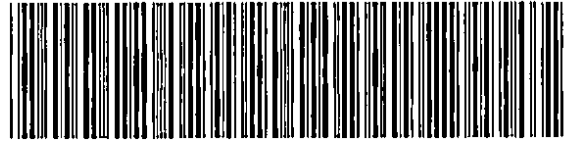
(Business Entity Name)

(Document Number)

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CLERK OF SUPERIOR COURT
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DEPARTMENT OF STATE
19 MAY -1 AM 11:57

COVER LETTER

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

SUBJECT: Global Community and Family Health ~~for~~
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) Foundation,

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. Judith Ogbonna
Name (Printed or typed)

6547 Hugh Road
Address

Tallahassee, FL 32309
City, State & Zip

850-509-0915
Daytime Telephone number

cbu@mail.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 Community and Family Health Foundation, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

6547 Hugh Rd.
Tallahassee, FL
32309

Mailing address, if different is:

P.O. Box 5511
Tallahassee, FL
32314

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Public Health in Action:
Fostering a Healthier Community.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: ~~P, VP, D, et~~
By-Laws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dr. Judith Ogbonna, P.

Address: 6547 Hugh Rd
Tallahassee, FL
32314

Name and Title: Dr. Christian Ukaga, VP.

Address: 801 Eagle View Drive
Tallahassee, FL
32311

Name and Title: Kate Aguy, D

Address: 16431 Longlake Drive
Prairieville, LA
70769

SECRETARY OF STATE
TALLAHASSEE, FL 32309

2019 MAY - 1 PM 12:09

FILED

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:

Dr. Judith Ogbonno

Address:

6547 Hugh Rd.

Tallahassee, FL 32309

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CLERK OF THE COURT
TALLAHASSEE, FL 32309

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Dr. Judith Ogbonno

Address:

P.O. Box 5511

Tallahassee, FL 32314

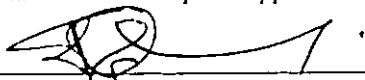
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 05/01/2019 (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.

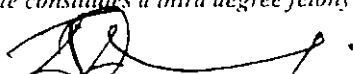
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature of Registered Agent

05/01/2019
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

05/01/2019
Date