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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

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

SUBJECT: Christ The King Healthcare 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: Linda Kabia Lamango
Name (Printed or typed)

1759 Summer Meadow Place
Address

Tallahassee, Florida, 32303
City, State & Zip

850-321-9470
Daytime Telephone number

lindalamango@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)

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ARTICLE I NAME

The name of the corporation shall be: Christ The King Healthcare inc

ARTICLE II PRINCIPAL OFFICE

Principal **street** address:
4241 Chairscross Rd
32317 Tallahassee,
Fl

Mailing address, if different:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: As a nurse, We are caregivers and being born in Sierra Leone, I know the healthcare isn't very good. However, I moved to America to learn the health system, so I could make a positive impact back in my hometown through teaching and administrating better health practices, to those who are less fortunate. Solely for charity purposes.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: as provided in the bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jean Lamango Officer
Address: 1759 Summer Meadow Place Tallahassee, Fl 32303

Name and Title: Didi Lamango Officer
Address: 1759 Summer Meadow Place Tallahassee, Fl 32303

Name and Title: Ivan Tucker Officer
Address: 5725 Lawton Court Tallahassee, Fl 32317

Name and Title: Amelia ~~Emily~~ Y. Kabia Officer
Address: 115 Ford Rd. Dagenham Essex United Kingdom Rm 169JP

Name and Title: Amelia ~~Emily~~ Kabia Officer
Address: 260 Lamar Hinestreet Freetown, Sierra Leone

Name and Title: Linda Lamango Director
Address: 1759 Summer Meadow Place Tallahassee, Fl 32303

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: Linda Lamango

Address: 4211 Chairscross Rd

32317 Tallahassee, Fl

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TALLAHASSEE, FL

ARTICLE VII INCORPORATOR

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

Name: Linda Lamango

Address: 4211 Chairscross Rd

32317 Tallahassee, Fl

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 12/18/2019 (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 — Date: 12/18/2019

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 — Date: 12/18/2019