

119000012819

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

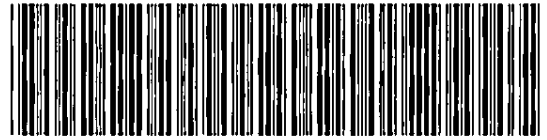
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only

K PAGE

DEC 18 2019



200338205052

12/18/19--01024--001 **78.75

2019 DEC 18 PM 2:23

2019 DEC 18 PM 2:57
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

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)

ARTICLE I NAME

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

ARTICLE II PRINCIPAL OFFICE

Principal street address:

4211 Chalkcross Rd
32317 Tallahassee,
FL

Mailing address, if different

SECRETARY OF STATE
TALLAHASSEE, FL

2019 DEC 18 PM 2:57

FILED

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 administering
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: 5425 Lawton Court
Tallahassee, FL 32317

Name and Title: Amelia ~~Smith~~ Y. Kabre Officer

Address: 115 Ford Rd, Dagenham
Essex United Kingdom
RM 10 9JP

Name and Title: Amelia ~~Smith~~ Kabia Officer

Address: 260 Lamar Howestreet
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 Chauscross Rd
32317 Tallahassee, FL

FILED
2019 DEC 18 PM 2:57
SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE VII INCORPORATOR

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

Name: Linda Lamango
Address: 4211 Chauscross Rd
32317 Tallahassee, FL

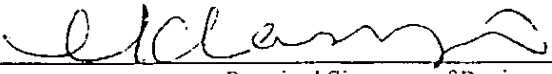
ARTICLE VIII EFFECTIVE DATE:

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.)

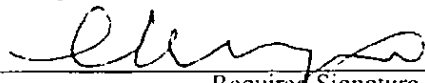
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

12/18/2019
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

12/18/2019
Date