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SECRETARY OF STATE  
TALLAHASSEE, FL

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# ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

## ARTICLE I NAME

The name of the corporation shall be:

*Organization* OF AFEMAI THINK TANK, INC.

## ARTICLE II PRINCIPAL OFFICE

Principal street address:

6774 WALDEN CIRCLE

TALLAHASSEE, FLORIDA, 32317

Mailing address, if different is:

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: A. Assisting Afemai people of Nigeria through seminars, summits, workshops, symposia, and lectures etc. on diverse policies affecting or likely to affect the general development, wellbeing and welfare of the people of Afemai. B. To provide a platform to deliberate on issues affecting Afemai communities and proffer solutions that will equitably benefit the general public and devoid of sectionalism. C. To act as a practical body that provides social benefits to the public, through community improvement strategies that engages all Afemai indigenes worldwide. D. To support and assist in technological progress, Health and health infrastructures, educational infrastructures, potable water infrastructures, cultural awareness and advancement .

## ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: by election

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dr. Bright A. Aregs, President

Name and Title: \_\_\_\_\_

Address 19630 Rinaldi Street Suite 215

Address: \_\_\_\_\_

Northridge, California 91326

Name and Title: Mrs. Victoria A Salau, Director

Name and Title: \_\_\_\_\_

Address 6774 Walden Circle,

Address: \_\_\_\_\_

Tallahassee, Florida 32317

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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TALLAHASSEE, FL  
STATE

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: Mrs. Victoria A. Salau

Address: 6774 Walden Circle  
Tallahassee, FL 32317

**ARTICLE VII INCORPORATOR**

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

Name: Mrs. Victoria A Salau

Address: 6774 Walden Circle,  
Tallahassee, Florida 32317

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (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*

Victoria Salau

Required Signature of Registered Agent

2/10/2020

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.*

Victoria Salau

Required Signature of Incorporator

2/10/2020

Date