

N21000001075

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

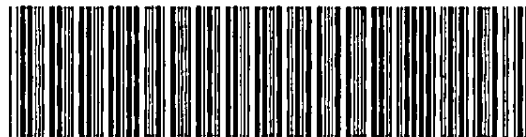
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

EFF DATE W20000133648

Office Use Only



000354002660

10/27/20--01006--019 \*\*87.50

2021 FEB -5 PM 3:50

FEB 11

## COVER LETTER

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

SBUDJECT: NZEMA ASSOCIATION OF FLORIDA, INC  
(PROPOSE CORPORATION NAME-MUST INCLUDE SUFFIX)

Enclosed in an original and one (1) copy of the Article of Incorporation and a check for

\$70.00  
Filing Fee

\$78.75  
Filing fee &  
Certificate of  
Status

\$78.75  
Filing Fee  
& Certificate Copy

\$87.50  
filing Fee,  
Certificate Copy  
& Certificate

FROM NZEMA ASSOCIATION OF FLORIDA, INC  
Name (Printed or typed)

707 Hazy Meadow Court

Brandon, Florida 33510  
City, State, & ZIP

813 4515965  
Daytime Telephone number

Adjimaami59@yahoo.com

E-mail address: be used for future annual report notification)

NOTE: Please provide the original and one copy of the article

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

The undersigned incorporator, for the purpose of forming a corporation under the Florida Not for Profit Corporation Act, hereby adopt(s) the following Articles of Incorporation:

2021 FFD-5 FH 3:50

FILED

**ARTICLE 1 NAME:**

The name of the corporation shall be: Nzema Association of Florida, Inc.

**ARTICLE 11: PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

Mailing address, if difference is:

707 Hazy Meadow Court  
Brandon, Florida 33510

**ARTICLES 111: PURPOSE(S)**

The specific purpose(s) for which the association is organized is (are):

1. To promote social and economic assistance within ourselves in USA and extend to all the members including "Nzemaland" in (Ghana and Cote d'Ivoire West Africa) 2. To assist and improve health sector. (A for Local, B for National and C for International)

**ARTICLES IV: Manner in which the Directors are electe and appointed:**

The name in which the directors are elected or appointed is:

See Article 111, section 1 of the BY-LAWS

**ARTICLE V. INITIAL OFFICER AND/ OR DIRECTORS**

The name and Florida Street address of the initial registered agent:

Name and Title: Niamke J. Etchene-Director of Problem (mretchene@gmail.com)

Address: 1814 Fruitridge Street  
Brandon, Florida 33510

Name and Title: Amishia Adjima- President. (adjimaami59@yahoo.com)

Address: 707 Hazy Meadow  
Brandon, Florida 33510

Name and Title: Alle Adjiri-Vice President (jadjiri@yahoo.com)

Address: 2309 W. Rio Vista  
Tampa, FL 33603

Name and Title: Ahoua Adjima-Secretary

Address: 707 Hazy Meadow  
Brandon, FL. 33510

Name and Tile: Adjima Francois-Treasurer

Address: 1414 Alameda Drive  
South Lakeland, Florida 33805

2021 FEB -5 PM 3:50

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:

**Niamke J. Etchene  
1814 Fruitridge Street  
Brandon, FL 33510**

**Article VII: In INCORPORATOR**


The name and address of the Incorporator is:

**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 business days prior or 90 business days after the filing.)

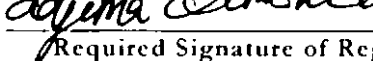
NOTE: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

  
\_\_\_\_\_  
**Required Signature of Registered Agent**

October 23, 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

  
\_\_\_\_\_  
**Required Signature of Register Incorporator**

October 22, 2020  
\_\_\_\_\_  
Date.