

N220000000620

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

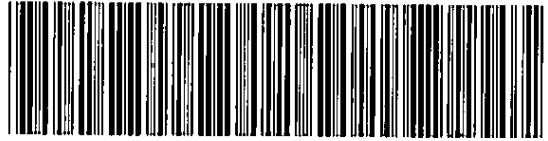
(Business Entity Name)

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TALLAHASSEE, FL

COVER LETTER

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

SUBJECT: Pan Afemhai Women Association 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:

Victoria A S-Dun
Name (Printed or typed)

6774 Walden Circle
Address

Tallahassee, FL 32317
City, State & Zip

850-445-7549
Daytime Telephone number

VictoriaS-Dun@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: PAN AFEMHA WOMEN ASSOCIATION INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

6774 Waulden Circle
Tallahassee, FL 32317
USA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To serve as a platform to
deliberate on issues affecting the Afemhai-woman/girl
and proffer solution that will equitably benefit her and
the home room. To act as a practical body that provides
social benefits to the Afemhai woman, through community
improvement strategies that engages all Afemhai women
globally.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: By election
every three years.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Agnes A. Nuabuhia ^{President} Name and Title: _____

Address: 5001 Ridgedale Parkway Address: _____

Apt 311, N. Chestnutfield
WA 98234

Name and Title: Victoria Momen ^{Secretary} Name and Title: _____

Address: 6774 Waulden Circle Address: _____

Tallahassee FL 32317

Name and Title: Angela Hamani ^{Treasurer} Name and Title: _____

Address: 2109 Adobe Drive Address: _____

Unit C. Addison
Illinois 60101

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TALLAHASSEE, FL

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:

Victory A. Momoh Salay UAS

Address:

6774 Warden Circle
Tallahassee FL

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Victory A. Momoh Salay

Address:

6774 Warden Circle
Tallahassee, FL 32317

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 01/26/2022 (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

Victory A. Momoh Salay

Required Signature of Registered Agent

01/26/2022

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.

Victory A. Momoh Salay

Required Signature of Incorporator

01/26/2022

Date

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TALLAHASSEE, FL

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