

N25000000895

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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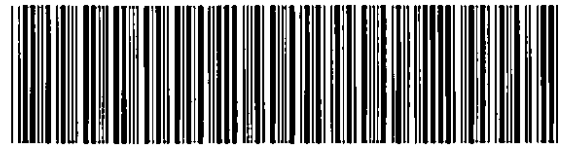
(Business Entity Name)

(Document Number)

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

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# COVER LETTER

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

**SUBJECT:** Tala Ng Aklat, 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: Abiola Adeyemo Jr.  
Name (Printed or typed)

4213 Trumpworth Court  
Address

Valrico, Florida 33596  
City, State & Zip

(813)804-8573  
Daytime Telephone number

adeolaade105@yahoo.com  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

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TO SECRETARY OF STATE

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

Tala Ng Aklat, Inc.

The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

Mailing address, if different is:

4213 Trumpworth Court

Valrico, Florida 33596

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Tala Ng Aklat, Inc. is organized exclusively for Charitable,  
educational, and scientific purposes, including, for such purposes, the making of distributions to  
organizations that qualify as exempt organization under section 501(c) (3) of internal revenue code, or  
corresponding section of any future federal tax code.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: is as stated  
in the bylaws

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Abiola Adeyemo Jr.  
Executive Director Name and Title: \_\_\_\_\_

Address: 4213 Trumpworth Court Address: \_\_\_\_\_  
Valrico, Florida 33596

Name and Title: Director: Olurotimi Banjoko Name and Title: \_\_\_\_\_

Address: 18006 Maui Isle Dr. Address: \_\_\_\_\_  
Tampa, Florida 33647

Name and Title: Director: Alvin Nuguid Name and Title: \_\_\_\_\_

Address: 3643 Prescott Loop Address: \_\_\_\_\_  
Lakeland, Florida 33810

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STATE

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: Abiola Adeyemo

Address: 4213 Trumpworth Court

Valrico, Florida 33596

**ARTICLE VII INCORPORATOR**

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

Name: Abiola Adeyemo

Address: 4213 Trumpworth Court

Valrico, Florida Court

**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*

*Abiola Adeyemo*

Required Signature of Registered Agent

1/7/25  
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.*

*Abiola Adeyemo*

Required Signature of Incorporator

1/7/25  
Date

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CORPORATION  
DIVISION  
STATE OF FLORIDA