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1/03/95

FLORIDA DIVISION OF CORPORATIONS

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ELECTRONIC FILING COVER SHEET

TO: DIVISION OF CORPORATIONS

FROM: ACE INDUSTRIES, INC.

DEPARTMENT OF STATE

34 NW 11TH ST

STATE OF FLORIDA

409 EAST GAINES STREET

MIAMI FL 33136-2890

TALLAHASSEE, FL 32399

CONTACT: LYNN FRIEDMAN

FAX: (904) 922-4000

PHONE: (305) 358-2571

FAX: (305) 358-7832

((H95000000002))

DOCUMENT TYPE: FLORIDA NON-PROFIT CORPORATION

NAME: NIGERIAN WOMEN ORGANIZATION IN AMERICA INC.

FAX AUDIT NUMBER: H95000000002

CURRENT STATUS: REQUESTED

DATE REQUESTED: 01/03/1995

TIME REQUESTED: 08:56:49

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CERTIFICATE OF STATUS: 0

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ACCOUNT NUMBER: 070744001530

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TALLAHASSEE FLORIDA

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495-00002
ARTICLES OF INCORPORATION

☐ CHARITABLE CORPORATION

of NIGERIAN WOMEN ORGANIZATION IN AMERICA INC.
a ~~CORPORATION NOT FOR PROFIT~~ formed under the Florida General Corporation Act.

Article 1: Name of the Corporation: NIGERIAN WOMEN ORGANIZATION IN AMERICA INC.
Address of the Corporation: 90 NORTHWEST 163RD STREET, MIAMI, FLORIDA 33169

Article 2: DURATION: Term of existence of the corporation is perpetual unless dissolved according to law.
The corporate existence shall commence at the time of filing with the Secretary of State.

Article 3: PURPOSE: The Corporation may transact any and all lawful business for which corporations may be incorporated under the Laws of the UNITED STATES and the STATE OF FLORIDA.
The specific purpose of this Corporation is TO GET NIGERIAN WOMEN TOGETHER IN AMERICA

Article 4: The elections for directors and the manner of their admission is provided for in the By Laws of the Corporation.

Article 5: The board of directors are as follows: (No less than three)

The names and addresses of the Initial Director: (All persons listed after the first three are additional directors)

1. SUSAN DIKAS 3281 KAPOT TERRACE, MIRAMAR, FLORIDA 33025
2. FUNMI KOLAWALE-TAYLOR 90 NORTHWEST 163RD STREET, MIAMI, FLORIDA 33169
3. ALICE AINA 7717 ALHAMBRA BLVD., MIRAMAR, FLORIDA 33025

Article 6: This Corporation is organized under a non-stock basis.

Article 7: REGISTERED OFFICE: The street address of the initial registered office of the corporation shall be:

90 NORTHWEST 163RD STREET, MIAMI, FLORIDA 33169
and the name of the initial registered agent at such address is FUNMI KOLAWALE-TAYLOR

I am familiar with and hereby accept the duties and responsibilities as registered agent for said corporation

Funmi Kolawale-Taylor 10/3/92
Signature of Registered Agent Date

Article 8: The Name and address of each incorporator is: FUNMI KOLAWALE-TAYLOR
90 NORTHWEST 163RD STREET
MIAMI, FLORIDA 33169

In witness whereof I have subscribed my name

Funmi Kolawale-Taylor
Signature of Incorporator

Article 9: In the event of dissolution, the residual assets of the organization will be turned over to one or more organizations which themselves are exempt as organizations described in Section 501(c)(3) and 170(c)(2) of the Internal Revenue Code of 1954 or corresponding sections of any prior or future law, or to the Federal, State, or Local Government for exclusive public purpose.

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ELECTRONIC FILING COVER SHEET

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FROM: ACE INDUSTRIES, INC.

DEPARTMENT OF STATE

54 NW 11TH ST

STATE OF FLORIDA

409 EAST GAINES STREET

TALLAHASSEE, FL 32399

FAX: (904) 922-4000

MIAMI FL 33136-2890-0000

CONTACT: LYNN FRIEDMAN

PHONE: (305) 358-2571

FAX: (305) 358-7832

((H95000001275))

DOCUMENT TYPE: BASIC AMENDMENT

NAME: NIGERIAN WOMEN ORGANIZATION IN AMERICA INC.

FAX AUDIT NUMBER: H95000001275

CURRENT STATUS: REQUESTED

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FLORIDA DEPARTMENT OF STATE
Sandra B. Morikum
Secretary of State

February 1, 1995

NIGERIAN WOMEN ORGANIZATION IN AMERICA INC.
90 NW 163RD ST
MIAMI, FL 33169

SUBJECT: NIGERIAN WOMEN ORGANIZATION IN AMERICA INC.
REF: H95000000003

We received your electronically transmitted document. However, the document has not been filed and needs the following corrections:

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6908.

Tawana McClellan
Corporate Specialist

FAX Aud. #: H95000001275
Letter Number: 895A00004232

Division of Corporations - P.O. Box 6327 - Tallahassee, Florida 32314

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DIVISION OF CORPORATIONS

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ARTICLES OF AMENDMENT
to
ARTICLES OF INCORPORATION
of

NIGERIAN WOMEN ORGANIZATION IN AMERICA INC.

Pursuant to the provisions of section 617.1008, Florida Statutes, the undersigned corporation adopts the following articles of amendment to its articles of incorporation.

FIRST: Amendment(s) adopted: NAME CHANGE

NATIONAL ORGANIZATION OF NIGERIAN WOMEN IN AMERICA INC. (NONWA)

SECOND: The date of adoption of the amendment(s) was: JAN. 30, 1995

THIRD: Adoption of Amendment (CHECK ONE)

 The amendment(s) was(were) adopted by the members and the number of votes cast for the amendment was sufficient for approval.

 X There are no members or members entitled to vote on the amendment. The amendment(s) was(were) adopted by the board of directors.

Dated JANUARY 30, 19 95

Corporation Name

By Fumi Kolawole-Taylor
(Chairman, Vice Chairman, President or other officer)

FUMI KOLAWOLE-TAYLOR
Typed or printed name

VICE CHAIRMAN
Title

H9501275
ACC INDUSTRIES, INC.
84 NW 11th Street
Miami, FL 33136
305-350-2571

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra W. Northing
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V29837

(4)

1. Corporation Name
MARY B., INC.

Principal Place of Business
4334 N.W. 5TH AVENUE
POMPANO BEACH FL 33064

Mailing Address
412 NO 4E AVE
HOLLYWOOD HILLS FL 33021
US

APPROVED
AND
FILED
95 APR 17 PM 1:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Date Incorporation or Qualification 04/15/1992	3a. Date of Last Report 04/21/1994
4. FID Number 65-0340339	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$0.75 Additional Fee Required
6. Election Campaign Reporting Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 194.032, Florida Statutes. ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. #, etc.	26. State, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

FALK, LLOYD H.
521 SOUTH ANDREWS AVENUE
SUITE 4 & 5
FT. LAUDERDALE FL 33301

10. Name and Address of How Registered Agent

01. Name
02. Street Address (Do Not Number in Not Acceptable)
03. City
04. State
05. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature of registered agent or registered agent and the corporation

Signature of registered agent or registered agent and the corporation

12. OFFICERS AND DIRECTORS	
TITLE	0
NAME	BJARNASON, MARY
STREET ADDRESS	4334 N.W. 5TH AVENUE
CITY, ST, ZIP	POMPANO BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12	
11. TITLE	☐ Change ☐ Addition
12. NAME	
13. STREET ADDRESS	
14. CITY, ST, ZIP	
21. TITLE	☐ Change ☐ Addition
22. NAME	
23. STREET ADDRESS	
24. CITY, ST, ZIP	
31. TITLE	☐ Change ☐ Addition
32. NAME	
33. STREET ADDRESS	
34. CITY, ST, ZIP	
41. TITLE	☐ Change ☐ Addition
42. NAME	
43. STREET ADDRESS	
44. CITY, ST, ZIP	
51. TITLE	☐ Change ☐ Addition
52. NAME	
53. STREET ADDRESS	
54. CITY, ST, ZIP	
61. TITLE	☐ Change ☐ Addition
62. NAME	
63. STREET ADDRESS	
64. CITY, ST, ZIP	

14. I, the undersigned, certify that the information furnished on this form is true and correct. I am a director, officer, or shareholder of the corporation. I understand that anyone who furnishes false or misleading information on this form or who omits material or information requested on the form may be subject to criminal sanctions (including fines and imprisonment) and/or civil sanctions (including multiple damages and civil penalties).

SIGNATURE: *Mary Bjarnason* M. BJARNASON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/95 (305) 986 1170