

P03000024292

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

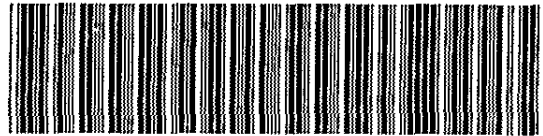
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
03 FEB 27 PM 2:17

tu 3-5066

F. CHESTER

FEB 28

TRANSMITTAL LETTER

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

SUBJECT: TOLA'S TRINITY HEALTHCARE DIAGNOSTICS INTERNATIONAL C
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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 of
Status

ADDITIONAL COPY REQUIRED

FROM: INNOCENT O. CHINWEZE ESQ.

Name (Printed or typed)

300 SOUTH PINE ISLAND ROAD SUITE 248

Address

PLANTATION FLORIDA 33324

City, State & Zip

954-452-4322

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Ken Detzner
Secretary of State

February 20, 2003

INNOCENT O CHINWEZE ESQ
300 S PINE ISLAND ROAD STE 248
PLANTATION, FL 33324

SUBJECT: TOLA'S TRINITY HEALTH CARE DIAGNOSTICS INTERNATIONAL CORPORATION
Ref. Number: W03000005066

We have received your document for TOLA'S TRINITY HEALTH CARE DIAGNOSTICS INTERNATIONAL and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

NAME MUST BE COMPLETED

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return the original and one copy of 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 (850) 245-6904.

Freida Chesser
Corporate Specialist
New Filings Section

Letter Number: 703A00011327

SECRET
TALLAHASSEE, FLORIDA

03 FEB 27 PM 3:54

RECEIVED

Please,

I have completed the ~~amendment~~ ^{amendment}. The problem is the computer refused to print the whole typed in information. So I used my handwriting to complete same. I hope you will find it acceptable.

I apologise for all the inconvenience — Thank

Division of Corporations, P.O. BOX 6227, Tallahassee, Florida 32314 — Innocent

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

TOLA'S TRINITY HEALTH CARE DIAGNOSTICS INTERNATIONAL CORPORATION

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

17671 S W 4TH COURT PEMBROKE PINES FLORIDA 33029

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO CARRY ON BUSINESS AS A SUBSIDIARY/AGENT OF THE PARENT COMPANY IN NIGERIA FOR PURPOSES OF EXPORTING MAINLY PHARMACEUTICAL GOODS AND SERVICES.

ARTICLE IV SHARES

The number of shares of stock is:

10,000 SHARES OF \$1.00 PAR VALUE COMMON STOCK

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

OLUTYOLA SOBANDE, R,PHP.D (PRESIDENT)
17671 S. W. 4TH COURT PEMBROKE PINES FL. 33029

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

INNOCENT O CHINWEZE P.A. (LAW OFFICES)
300 SOUTH PINE ISLAND ROAD SUITE 248
PLANTATION FL. 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

INNOCENT O CHINWEZE
300 S. PINE ISLAND ROAD SUITE 248
PLANTATION FL. 33324

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

Innocent O Chinweze (Signature)
Signature/Registered Agent

2-8-03
Date

Innocent O Chinweze (Signature)
Signature/Incorporator

2-8-03
Date

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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