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

W35066

FEB

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 INTERNA Tropical Corporation
Ref. Number: W03000005066

We have received your document for TOLA'S TRINITY HEALTH CARE DIAGNOSTICS INTERNA 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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
03 FEB 27 PM 3:54

Please,

I have completed the ~~application~~ 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 — Francis

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

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/mailing 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

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

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 (Esq) — Signature/Registered Agent — 2-3-03 — Date

Innocent O Chinweze Esq — Signature/Incorporator — 2-3-03 — Date