

PO4000071418

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP



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MAIL

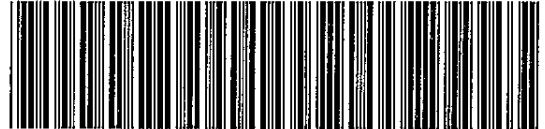
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04 MAY -3 PM 12:53

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04 MAY -3 PM 12:42

STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

64
5.3

TRANSMITTAL LETTER

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

SUBJECT: Rafah Corporation

(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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Elizabeth Adejokun-Ojo

Name (Printed or typed)

2375 Ian Dr.

Address

Tallahassee Florida 32303

City, State & Zip

850-422-1952

Daytime Telephone number

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

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:

Rafah African and Caribbean Restaurant Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Business address	Mailing address
1000-12 W Tharpe St	2375 Ian Dr.
Tallahassee Florida 32303	Tallahassee Florida 32303

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

African and caribbean Restarurant & All

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Elizabeth Adejokun-Ojo	Initat Officers
Elizabeth Adejokun-Ojo	Director
Olamide M. Thompson	Asst. Director
Adeleke Onigbanjo	Asst. Director/

ARTICLE VI REGISTERED AGENT

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

Elizabeth Adejokun-Ojo
2375 Ian Dr.
Tallahassee Florida 32303

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Elizabeth Adejokun-Ojo
2375 Ian Dr.
Tallahassee Florida 32303

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

E. Adejokun
Signature/Registered Agent

5-3-2004
Date

E. Adejokun
Signature/Incorporator

5-3-2004
Date

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TALLAHASSEE, FL
SEC. OF STATE