

P10000086227

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

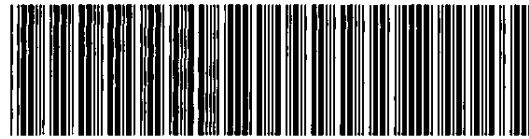
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700186752007

10/20/10--01006--013 **87.50

FILED
10 OCT 20 PM 2:09
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MRS
10/21

COVER LETTER

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

SUBJECT: RINGO AFRICAN FOODS AND PRODUCTS AMERICA INCORPORATED
(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: EDWARD A. IGBINOBA

Name (Printed or typed)

1680 N.W. 195TH STREET

Address

MIAMI GARDENS, FLORIDA 33169

City, State & Zip

305-620-9559

Daytime Telephone number

ringoafrikanfood@yahoo.com

E-mail address: (to be used for future annual report notification)

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: **RINGO AFRICAN FOODS AND PRODUCTS AMERICA**
INCORPORATED

ARTICLE II PRINCIPAL OFFICE

Principal street address
1680 N.W. 195TH STREET
MIAMI GARDENS, FLORIDA 33169

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
**TO CONDUCT ANY AND ALL LEGAL BUSINESS, GENERAL IMPORT AND EXPORT,
DISTRIBUTOR AND TRADE REPRESENTATIVE.**

ARTICLE IV SHARES

The number of shares of stock is: **THERE WOULD BE 1,000 SHARES AT A COST \$1.00 EACH PER SHARE IN
THE CORPORATION.**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: EDWARD A. IGBINOBA, PRESIDENT, TREASURER, AND SECRETARY
Address: 1680 N.W. 195TH STREET
MIAMI GARDENS, FLORIDA 33169

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: EDWARD A. IGBINOBA, REGISTERED AGENT
Address: 1680 N.W. 195TH STREET
MIAMI GARDENS, FLORIDA 33169

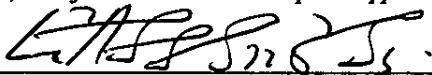
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: EDWARD A. IGBINOBA, INCORPORATOR
Address: 1680 N.W. 195TH STREET
MIAMI GARDENS, FLORIDA 33169

FILED
10 OCT 20 PM 2:09
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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



Required Signature/Registered Agent / Incorporator

OCTOBER 18TH, 2010

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

Required Signature/Incorporator

OCTOBER 18TH, 2010

Date