

P16000069621

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

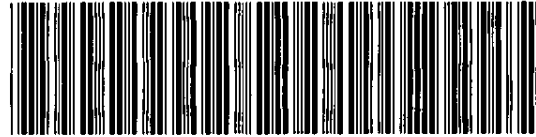
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DEPARTMENT OF STATE  
16 AUG 24 AM 10:40  
AM 10:50  
MILWAUKEE FIELD

APPROVED  
AND  
FILED

8/24/16

RECEIVED  
JAN 11  
FILED

**COVER LETTER**

16 JAN 24 AM 10:50

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

SECRET  
TALLAHASSEE, FLORIDA

**SUBJECT:** Nneoma African Inc

(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:** Edith Ngwaba Dobbins

\_\_\_\_\_  
Name (Printed or typed)

1208 Lake Avenue

\_\_\_\_\_  
Address

Tallahassee Florida 32310

\_\_\_\_\_  
City, State & Zip

850-345-0909

\_\_\_\_\_  
Daytime Telephone number

nncomangwaba@gmail.com

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

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

EFFECTIVE DATE

09/05/10

ARTICLES OF INCORPORATION

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

RECEIVED  
NOT  
FILED

16 JUN 24 11:10:56

ARTICLE I NAME

The name of the corporation shall be: Nncoma Africa Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1208 Lake Avenue

Same as

Tallahassee Florida 32310

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide cultural artistic education to the youths as an option to violence

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Ediths Ngwaba, Dobbins

Name and Title:

Address

1208 Lake Avenue

Address:

Tallahassee Florida 32310

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

16 MAR 24 AM 10:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Ediths Nkwaka Dobbins  
1208 Lake Avenue  
Tallahassee FL 32310

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Ediths Nkwaka Dobbins  
1208 Lake Avenue  
Tallahassee FL 32310

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 09/05/2016 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Ediths Nkwaka Dobbins  
Required Signature/Registered Agent

08/24/16  
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.

Ediths Nkwaka Dobbins  
Required Signature/Incorporator

08/24/16  
Date