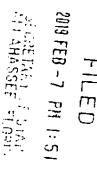
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Certified Copies	Certificate	s of Status
Special Instructions to Fi	iling Officer:	

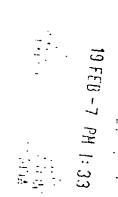
Office Use Only



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C RICO FEB 0 7 2019

COVER LETTER

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

SUBJECT:	PROPOSED CORPORA		JDE SUFFIX)		
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	l a check for:		
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status		
		e (Printed or typed)	<u></u>	2019	
	Cincsville, Fl.	30607 State & Zip	AHASSEF, SI PRID	2019 FEB - 7 PH 1: 50	FILED
	350 301- 495 Daytime 1 3610 231-126 E-mail address: (to be use	elephone number N2h2y2 O G d for future annual report r	Med.com	J	

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 The name of the	e corporation shall be: GEWA B	uSINCE	e, Inc		
<u>ARTICLE II</u>	PRINCIPAL OFFICE Principal street address		Mailing address, if diff	erent is:	
Legoc	SW 26+Kn #GD				
	srille, FL			<u> </u>	
. nortest to the	·	retional	Tribal Con	nmerc	<u> </u>
				2018 F	
				NEW -	
ARTICLE IV The number of	SHARES shares of stock is: unlimited - 1	00		-7 PH 1	
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTORS			1: 50	
Name	and Title: ChefAste Achor	Name and Title	Chief Nas	hotel Ale	sticke.
Addre		_ Address:	<u> 12900 SID.</u>		•
	Gernarile FL 32607	-	Geinerille	P1336	107-
	reesurer	-	<u>Chief</u>		
Name	and Title Kenom, Alaheye	Name and Title	: <u>-</u> _		
Addre	100000000000000000000000000000000000000				
	Gernesville, FL 3261	7			
	Dod Director	-			<u> </u>
Name	and Title: Shali K. Alahaya	Name and Title	::		
Addre	1000000011110	_ Address:			
	Conville Pl				
	Scoretary	-			

ARTICLE VII REGISTERED AGENT The name and Florida street address (P.O. Rox NOT acceptable) of the registered agent is: Name: Act	Name and Title:	Name and Title:	
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: ASHE AICHEYE Address: LIGOD SW HIGH THE SECOT. ARTICLEVII INCORPORATOR The name and address of the (neorporator is: Name: ASHE AICHEYE Address: LIGOD SW HIGH THE FEETIVE DATE: Effective date, if other than the date of filing: 2/1/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2	Address	Address:	
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: ASHE AICHEYE Address: LIGOD SW HIGH THE SECOT. ARTICLEVII INCORPORATOR The name and address of the (neorporator is: Name: ASHE AICHEYE Address: LIGOD SW HIGH THE FEETIVE DATE: Effective date, if other than the date of filing: 2/1/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2			
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Name: ASHIE Alcheye Address: UGOO SW HALLINGO GENERALIC FLORE ARTICLE VII INCORPORATOR The name and address of the incorporator is: Name: ASHIE Alcheye Address: Lectoo SW FL La HEQU Generalite FLORE Effective date, if other than the date of filing: 2/1/2019 (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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 this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Challe Alcheye Required Signature Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in		acceptable) of the registered agent is:	
ARTICLE VIII INCORPORATOR The name and address of the Incorporator is: Name: Address: Lactor Style Flag Lactor Generalle Flag Lactor			
The name and address of the Incorporator is: Name: Address: Locio and address of the Incorporator is: Name: Address: Locio and address of the Incorporator is: Name: Address: Locio and address of the Incorporator is: ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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 this certificate. I am familiar with and accept the appointment as registered agent and agree to act in this capacity Address: ARTICLE VIII EFFECTIVE DATE: OPTIONAL) (OPTIONAL) (OPTIONAL) (If an effective days prior or 90 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 this certificate. I am familiar with and accept the appointment as registered agent and agree to act in this capacity ARTICLE VIII EFFECTIVE DATE: OPTIONAL) The process of the file of the process for the appointment as registered agent and agree to act in this capacity OPTIONAL: ARTICLE VIII EFFECTIVE DATE: OPTIONAL: OPTI	Address: 4900 SW 2181Lr	the	
The name and address of the Incorporator is: Name: Address: Lactor Address: L	Ganerille FL39	07	
Name: AGLOSW 35 Lo #GD GRIPSVILLE EL 30407 ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: 2/7/2019 (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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 this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Clara Clara Clara Company (Paris Stated Agent) Tsubmit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in	ARTICLE VII INCORPORATOR		2019 F
Name: Address: Logo SW 351 Lo #GD ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: 2/7/2019 (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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 this certificate. I am familiar with and accept the appointment as registered agent and agree to act in this capacity Address: Logo SW 351 Logo HP 12 10 19 Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in	The <u>name and address</u> of the Incorporator is:		
ARTICLE VIII _EFFECTIVE DATE: Effective date, if other than the date of filing:	Name: Aoto Alanaya		- SS
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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 this certificate. I am familiar with and accept the appointment as registered agent and agree to act in this capacity OCHONAL) Required Signature Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in	Address: Lactor SW Jet Lo	#62	
Effective date, if other than the date of filing: 97+ 9079 (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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 this certificate. I am familiar with and accept the appointment as registered agent and agree to act in this capacity OCHECONAL) Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in	Gamesrille EL	32607	1. 50
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this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Color Color Required Signature Registered Agent Date I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in	Note: If the date inserted in this block does not meet the document's effective date on the Department of State	ne applicable statutory filing requirements, this te's records.	s date will not be listed as
Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	Having been named as registered agent to accept servi this certificate, I am familiar with and accept the appoi	ice of process for the above stated corporation nument as registered agent and agree to act in	n at the place designated in this capacity
I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	OSotia alakarja Required Signature Registere	ed Agent	9-17/2019 Date
	I submit this document and affirm that the facts state document to the Department of State constitutes a third	d herein are true. I am aware that the false I degree felony as provided for in s.817.155. F	information submitted in a LS.
Required Signature/Incorporator / Date	asutia alataria		2/7/2019 Date



CERTIFICATE OF INCORPORATION for the formation OF GEWA BUSINESS INC.

GEWA BUSINESS INC. is, by Gvinge Equoni Waya Alahay Council decree, tribally chartered and established under the Gvinge Equoni Waya Alahaya Tribal Trust and in accordance with the "CONSTRUCTIVE AND PUBLIC NOTICE" of the "Gvinge Equoni Waya Alahaya Tribal Trust Charter", dated September 21, 2018 in the State of Georgia, Fulton County Register of Deeds Document Number 2018-0249546.

The Gvinge Equoni Waya Alahaya Tribal Trust must file the "CONSTRUCTIVE AND PUBLIC NOTE" of the creation, an establishment of GEWA BUSINESS INC, within 30 days of this notice. The notice must include that "GEWA BUSINESS INC," is a tribal business tribally chartered and established under the Gvinge Equoni Waya Alahaya Tribal Trust. This business is created and operated in accordance with the charter and public notice of the Gvinge Equoni Waya Alahaya Tribal Trust and is owned and operated exclusively by the Gvinge Equoni Waya Alahaya Tribe.

This honorable, respectful and proper "CONSTRUCTIVE AND PUBLIC NOTICE" formally initiates the genuine efforts of the Gvinge Equoni Waya Alahaya Tribe to engage and establish GEWA BUSINESS INC.

Attestation:

A certified copy of the public notice sealed by the Tribal Trust and signed in red ink must be sent to:

Gvinge Equoni Waya Alahaya Nation c/o 6900 SW 21st Ln #G2 Gainesville, Florida

DECREE

GEWA BUSINESS INC.

Furthermore...

This Decree orders, enacts and authorizes the full effect of power and authority provide by GEWA BUSINESS INC., including appointment of council and title as accepted by parties herein stated and becomes official with the signatures and SEAL as required and listed below;



This 20th Day of January, 2019

ACCEPTANCE OF OFFICIAL DECREE

Asitia Jiashoba Alahaya, Principal Minko

Gvinge Equoni Waya Alahaya Tribal Trust

