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(City/State/Zip/Phone #)

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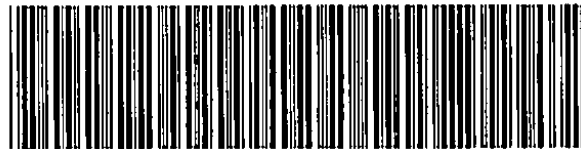
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Department of State
 New Filing Section
 Division of Corporations
 P. O. Box 6327
 Tallahassee, FL 32314

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SUBJECT: MOTHER-CARE AFRICAN FOODS SUPPLY AMERICA, 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: EDWARD . A . IGBINOBA

Name (Printed or typed)

1680 N.W. 195TH STREET

Address

MIAMI GARDENS. FLORIDA 33169. U.S.A.

City, State & Zip

786-444-2269

Daytime Telephone number

Safomagen1@yahoo.com

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

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

ARTICLE I NAME

The name of the corporation shall be:

MOTHER-CARE AFRICAN FOODS SUPPLY AMERICA, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1680 N.W. 195TH STREET

1680 N.W. 195TH STREET

MIAMI GARDENS. FLORIDA 33169

MIAMI GARDENS. FLORIDA 33

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

GENERAL IMPORT AND EXPORT,

DISTRIBUTOR, SUPPLIER, TRADE REPRESENTATIVE,

TO CONDUCT ANY AND ALL LEGAL BUSINESSES.

ARTICLE IV SHARES

The number of shares of stock is:

There would be 1,000 Shares at a cost of \$1.00
each per Share in the Corporation.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

EDWARD-A. IGBINOBA

Name and Title:

Address

PRESIDENT, TREASURER

Address:

AND SECRETARY

1680 N.W. 195TH STREET

MIAMI GARDENS. FL 33169

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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Name and Title: _____ Name and Title: _____
Address: _____ 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 NW 195TH STREET
MIAMI GARDENS. FLORIDA 33169

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

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

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 on 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 certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Edward A. Igbino December 3rd
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 document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Edward A. Igbino December 3rd
Required Signature/Incorporator Date