

BN 2939984



**CORPORATE AFFAIRS COMMISSION
FEDERAL REPUBLIC OF NIGERIA**

**Certificate Of Registration
Of Business Name**

COMPANIES AND ALLIED MATTERS ACT 1990
Pursuant to Section 659

I hereby certify that

CHILECO LOGISTICS GLOBAL SERVICES

is registered as a Business Name with the Commission

The general nature of business is:
SUPPLY AND DISTRIBUTION OF GENERAL GOODS.

The address of the principal place of business is:
3, ISREAL AFOLABI STREET, WHITE SAND ESTATE, ISHERI, LAGOS

Dated this 25th day of July, 2019.

A handwritten signature in black ink, appearing to read "Azuka Obiageli Azinge".

AZUKA OBIAGELI AZINGE



Registrar of Business Names

CRBN 1008478

CORPORATE AFFAIRS COMMISSION



CAC/BN/1

APPLICATION FOR REGISTRATION OF BUSINESS NAME

Pursuant to Section 675

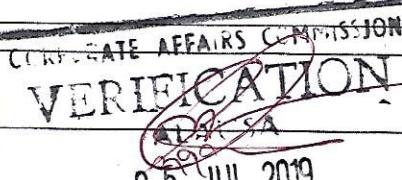


A. NAME OF BUSINESS

CHILECO LOGISTICS GLOBAL SERVICES

B. GENERAL NATURE
OF BUSINESS

1 Supply and Distribution of General Goods.

C. FULL ADDRESS OF
PRINCIPAL PLACE OF
BUSINESS3, ISREAL AFOLABI STREET, WHITE SAND ESTATE (ISHERI,
LAGOS)D. FULL ADDRESS OF
BRANCH(ES) IF ANY

E. PARTICULARS OF PROPRIETORS (OTHER THAN CORPORATIONS):

1

SURNAME: OGBONNA

SIGN

AGE: 50 years

OTHER NAMES: CHIMEZIE DENNIS

CONTACT ADDRESS: 3, Isreal Afolabi Street, White sand Estate

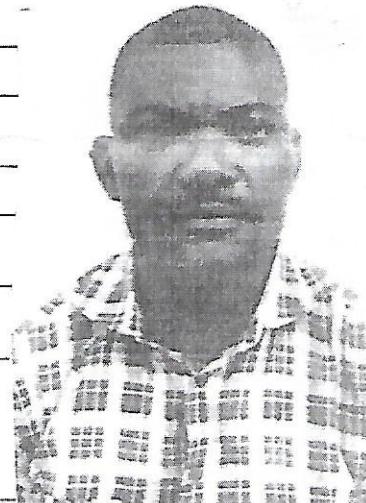
CITY: Isheri

STATE: LAGOS

P.O BOX:

PHONE NUMBER: 08032207613

EMAIL: denixdenix2007@yahoo.com



Signature:

Date: 29/6/2019

F. PARTICULARS OF CORPORATION WHICH IS A PROPRIETOR:

Attestation of Magistrate, Legal Practitioner or Police Officer of the rank of ASP and above where one of the proprietors is a minor:

NAME & TEL.

NO.: _____

ADDRESS: _____

SIGNATURE,
DESIGNATION
& DATE:

Attestation of Director or Secretary of the Company where one of the proprietors is a company:

NAME & TEL.

NO.: _____

ADDRESS: _____

SIGNATURE,
DESIGNATION
& DATE:

G. DATE OF COMMENCEMENT OF
BUSINESS:

Date: Jun 27, 2019



H. ATTESTATION:

I/We, the undersigned, being proprietor(s) of the above named business name hereby certify that the foregoing particulars are, to the best of my/our knowledge and belief, correct and I/we undertake to notify the Registrar of Business Names whenever any change is made or occurs in any of them other than the age of any of the proprietors.

PROPRIETOR

BEFORE
ME

PROPRIETOR

COMMISSIONER FOR OATHS

Note: If there is insufficient space on the form to provide any information required, please attach a separate sheet containing the information set out in the prescribed form

PRESENTED FOR FILING BY:

ACCREDITATION

NO.

NBA/IND/40917

(if applicable)

NAME: AKINREMI FUNMILAYO BOLAJI

ADDRESS: 8, College Avenue, Ajasa-Command (Ipaja, LAGOS)

TEL. NO.: +2348064313075

E-MAIL: funmilayomakinremi@gmail.com



CORPORATE AFFAIRS COMMISSION

(Established Under The Companies And Allied Matters Act 1990)



0003050

(PLOT 565, NDOLA SQUARE, WUSE ZONE 5, ABUJA)

FORM CAC 7

PARTICULARS OF DIRECTORS OR ANY CHANGE THEREIN

Pursuant to Section 292(4)

RC NO.	
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NAME OF COMPANY

MIDANNY INTEGRATED SOLUTIONS LIMITED

PARTICULARS OF DIRECTORS

1.	Surname:	OBONNA			
	Other Names:	DENNIS CHIMEZIE			
	Nationality	NIGERIAN	Age:	ADULT	Years
	Residential Address (in case of a corporation the registered or principal office)	23 ISIKA NDA STREET, ILASAMATA			
	City :	ILASAMATA	State:	LAGOS	
	Remarks:	APPOINTED: <input checked="" type="checkbox"/>	RE-APPOINTED: <input type="checkbox"/>	RESIGNED: <input type="checkbox"/>	REMOVED: <input type="checkbox"/>

I consent to be a Director of the company

Signature:		Date:	20-04-08		
2.	Surname:	OBONNA			
	Other Names:	OLUYA PELUMI THERESA			
	Nationality	NIGERIAN	Age:	ADULT	Years
	Residential Address (in case of a corporation the registered or principal office)	23 ISIKA NDA STREET, ILASAMATA			
	City :	ILASAMATA	State:	LAGOS	
	Remarks:	APPOINTED: <input checked="" type="checkbox"/>	RE-APPOINTED: <input type="checkbox"/>	RESIGNED: <input type="checkbox"/>	REMOVED: <input type="checkbox"/>

I consent to be a Director of the company

Signature:		Date:	20-04-08
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3.	Surname:	CHIMEZIE			
	Other Names:	MI CHEM SUCHE CHUKWU			
	Nationality	NIGERIAN	Age:	ADULT	Years
	Residential Address (in case of a corporation the registered or principal office)	23 ISIKA NDA STREET, ILASAMATA			
	City :	ILASAMATA	State:	LAGOS	
	Remarks:	APPOINTED: <input checked="" type="checkbox"/>	RE-APPOINTED: <input type="checkbox"/>	RESIGNED: <input type="checkbox"/>	REMOVED: <input type="checkbox"/>

I consent to be a Director of the company

Signature:		Date:	20-04-08
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4.

Surname:	CHIMERE		
Other Names:	DANIEL CHIBUIKE		
Nationality	NIGERIAN		
Residential Address (in case of a corporation the registered or principal office)	23 SIAKA - NDA STREET		
City :	ILASAMAJA	State:	LAGOS
Remarks:	APPOINTED: <input checked="" type="checkbox"/>	RE-APPOINTED: <input type="checkbox"/>	RESIGNED: <input type="checkbox"/>
	REMOVED: <input type="checkbox"/>		

I consent to be a Director of the company

Signature

Signature

Date:

D 20-4-08

5.

Surname:			
Other Names:			
Nationality			
Residential Address (in case of a corporation the registered or principal office)			
City :			
Remarks:	APPOINTED: <input type="checkbox"/>	RE-APPOINTED: <input type="checkbox"/>	RESIGNED: <input type="checkbox"/>
	REMOVED: <input type="checkbox"/>		

I consent to be a Director of the company

Signature

Date:

Note:

"Directors include any person who occupies the position of a director by whatsoever name called. A body corporate should be represented by a natural person, this should be indicated. The name of the body corporate should be written in space provided for surname while the name of the natural person is given in the spaces provided for other names. The nationality and the residential address and signature of the natural person is thereafter provided in the space required"

Dated

26/4

day of

April

200

8

Signature

Director

Signature

Director

Note:

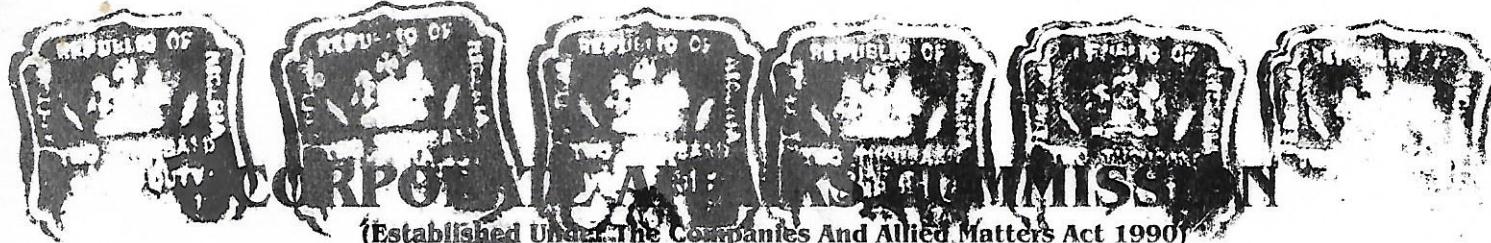
If the space provided in the forms is insufficient, particulars of other Directors should be listed on the particulars of Directors continuation sheet attached to this form.

Presented for filing by: Ben Edeleben

NAME:	N Sofer Chukwemeka, ACCR. NO. NBB/18462		
ADDRESS:	16 Adelabu Street S/L E-MAIL: edeleben@yahoo.com		
TELEPHONE NO:	08023087731	DATE:	21st April 2008

IMPORTANT

All names of Directors should be provided in full Abbreviation or initials are not acceptable



(Established Under The Companies And Allied Matters Act 1990)

5, NDOLA SQUARE, WUSE ZONE 5, ABUJA



FORM CAC 2

Application for the variation of the Capital
of a company and for the allotment of shares

30/4/07

STATEMENT OF SHARE CAPITAL AND RETURN OF ALLOTMENT OF SHARES

Pursuant to section 35(2)(d) & 129

RC NO. []

NAME OF COMPANY

MICDANNY INTEGRATED SOLUTIONS LIMITED

A. STATEMENT OF SHARE CAPITAL

THE NOMINAL SHARE CAPITAL OF THE ABOVE NAMED COMPANY IS:

ONE MILLION ORDINARY SHARES. N 1000,000

AMOUNT IN WORDS

DIVIDED INTO 1000,000 OF N 1.00 EACH

B. RETURN OF ALLOTMENT OF SHARES

CHECKED

Number of shares allotted payable in cash: 3000 N 1000,000

Nominal amount of shares so allotted: N 1000,000

Amount paid or due and payable on each share: N 1.00

Number of shares allotted for consideration other than

Amount to be treated as paid on each such share:

The consideration for which such shares have been allotted is as follows:

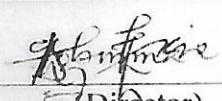
Nil
0.00
0.00
0.00
0.00

Dated this 20th day of April 2008

Abdullahi Ali
Director

NAME AND ADDRESS OF SHAREHOLDERS				No.of shares allotted	Type of shares
1.					
Name:	CHIMEZIE DENNIS OGBOUNA				
Address:	23 ISIAKA NDA STREET			500,000	ORDINARY SHARES
City:	ILASAMAJA	State:	LAGOS		
2.					
Name:	OKUWA - PELUM THERESA OGBOUNA				
Address:	23 ISIAKA NDA STREET			200,000	ORDINARY SHARES
City:	ILASAMAJA	State:	LAGOS.		
3.					
Name:	MICHAEL UCHE ECHIKWU CHIMEZIE				
Address:	23 ISIAKA NDA STREET				
City:	ILASAMAJA	State:	LAGOS.	200,000	ORDINARY SHARES
4.					
Name:	DANIEL CHIBUIKE CHIMEZIE				
Address:	23 ISIAKA NDA STREET				
City:	ILASAMAJA	State:	LAGOS.	100,000	ORDINARY SHARES
5.					
Name:					
Address:					
City:		State:			
6.					
Name:					
Address:					
City:		State:			

SIGNATURE



(Director)

Presented for filling by:

NAME:	BEN EKEDEGE	ACCR. NO.:	NPA/CP/8462
ADDRESS:	Elf Emek Plaza	E-MAIL:	ekedegben@yahoo.com
TELEPHONE NO.:	0806707557	DATE:	22-04-08

RC 750358



CORPORATE AFFAIRS COMMISSION
FEDERAL REPUBLIC OF NIGERIA

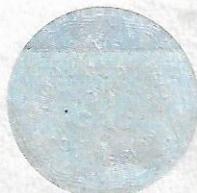
Certificate of Incorporation

I hereby certify that

MICDANNY INTEGRATED SOLUTIONS LIMITED

is this day incorporated under the COMPANIES AND ALLIED MATTERS ACT 1990 and that the Company is Limited By Shares.

Given under my hand at Abuja this Thirtieth day of May, 2008



A handwritten signature in black ink, appearing to read "A. ALMUSTAPHA", is positioned above the name.

A. ALMUSTAPHA

183739

Registrar - General

RENEWAL 2014

ANY CHANGE OF ADDRESS
INVALIDATES THE LICENCE



Form C.63

NIGERIA CUSTOMS SERVICE

Area..... **HEADQUARTERS** Port/Airport/Station..... NCS/T&T/054/CHQ..... 1437
ABUJA.....

LICENCE TO CARRY ON BUSINESS AS A CUSTOMS AGENT

(Under the Customs and Excise Agents (Licensing) Regulations 1968)

NCS/LAPP/L.238 OF 11/3/2014

#350,000.00 SECURITY GUARANTEED FEES PD. ON BOND NO.....

- (a) Licence No..... **C1437RC750358**
- (b) Fees of #..... **215,000.00** PAID ON CR. NO..... **0342791** OF..... **19/2/2014**
- (c) Licence is hereby granted to..... **MICDANNY INTEGRATED SOLUTIONS LIMITED**
- (d) of..... **6TH FLOOR, RIGHT WING DEV. HOUSE 21 WHARF ROAD, APAPA - LAGOS**
- (e) Whose place of business is at:.....
to make supplies to ships (see paragraph 4 below)

to carry on business as Customs Agent at the said place of business and at the following customs port, customs airport or customs station, that is:-

{..... **APAPA**.....
{.....
{.....
{.....
{.....

at the place which the licensee has suitable office(s) available for carrying on the business of Customs Agent.

2. This licence is subject to the provisions of the Customs and Excise Management Act, (CEMA) Cap 84 1990, and any regulations made thereunder, relating to customs agent, and in particulars is subject to the following conditions:-

- (a) The licensee shall faithfully and uncorruptly perform his duties as a customs agent satisfaction of the Board.
- (b) The Licence shall comply with any directives given by the board under the provisions of the Act and the regulations afore-mentioned.
3. This licence is not transferable.

4. This licence shall, unless sooner revoked, expire on the 31st day of December next following the date on which it was issued, but it may at any time be revoked by the Board in accordance with the provisions of the Customs and Excise Agents (Licensing) Regulations 1968.

(g) Signature..... **OLUBUYI R.O (MRS)**
21 MAY 2014
COMPTROLLER (LICENCES & PERMITS)
FOR COMPTROLLER -GENERAL
NIGERIA CUSTOMS SERVICE BOARD

(h) Date of issue: **21/3/2014**....

VALID TILL 31ST DECEMBER,

2014

NOTES

- (a) Insert the number of the licence.
(b) Insert the fee paid for the licence.
(c) Insert the name of the individual, firm or company to whom the licence is granted.
(d) Insert the address of the licence, and if the licence is a firm or company the address must be that of the registered office, or as the case may be, of the business address.
(e) Insert the address of the place of business.
(f) Insert the customs port, customs airport or customs station at which the customs agent is licensed to operate.
(g) To be signed by the Chairman of the Board or an officer of the board duly authorised in that behalf.
(h) Insert the date on which the licence is issued.