

RC 1492724



**CORPORATE AFFAIRS COMMISSION
FEDERAL REPUBLIC OF NIGERIA**

Certificate of Incorporation

I hereby certify that

PRO-FILR NIGERIA 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 8th day of May, 2018.



AZUKA OBIAGELI AZINGE

CORPORATE AFFAIRS COMMISSION

(Established under the Companies and Allied Matters Act 1990)



FORM CAC 1.1

APPLICATION FOR REGISTRATION OF COMPANY

Form Must be Typed and not Handwritten

(Carefully read the Notes overleaf before you fill in the Form)

Type of Company
(Tick as appropriate)

LIMITED BY SHARES

☒

LIMITED BY GUARANTEE



UNLIMITED



COMPANY NAME

PRO-FILR NIGERIA LIMITED

SECTION A: Company Address

Registered Office Address and Head Office Address if different from Registered Office Address

* Registered Office Address:

14 SAMUEL AWONIYI ST.OFF. SALVATION ROAD OPEBI IKEJA LAGOS
STATE , LAGOS, LAGOS

* Head Office Address:
(If different from Registered Office Address)

* Email Address:

evengwame@gmail.com

SECTION B: THE AUTHORIZED SHARE CAPITAL OF THE COMPANY IS:

* one million naira

☒ N 1,000,000.00

AMOUNT IN WORDS

* DIVIDED INTO

1,000,000

OF N

1.00

EACH

Signature of Director

Corporate Affairs Commission
Certified True Copy

08 MAY 2018

Name of Director & Tel. No.

OLUSEGUN ADEGBI 0806 076 0948



SECTION C: PARTICULARS OF FIRST DIRECTORS & THEIR CONSENT TO ACT

1. Name and Addresses of Persons who are First Directors of the Company & Their Consent to Act

*Name:	ADEBIYI OLUSEGUN APEDUNTAN				
*Residential Address:	14 SAMUEL AWONIYI ST. OFF SALVATION ROAD, OPEBI. IKEJI LAGOS STATE (LAGOS, LAGOS)			*Nationality:	Nigerian
*City:	LAGOS	*State:	LAGOS	*Country of Residence:	NIGERIA
*ID No:	A06946944	*ID Type:	International Passport	*E-Mail:	duntanadebiyi@yahoo.com
*Date of Birth:	May 10, 1972	*Gender:	MALE	*Phone No.:	08060760946

Signature: _____

I Consent to be a Director of the above named Company

Date: _____

05.05.2018

2.

*Name:	ADESOYE OLALOYE EMMANUEL				
*Residential Address:	14 SAMUEL AWONIYI ST. OFF SALVATION ROAD, OPEBI. IKEJA LAGOS STATE (LAGOS, LAGOS)			*Nationality:	Nigerian
*City:	LAGOS	*State:	LAGOS	*Country of Residence:	NIGERIA
*ID No:	FFF05762AA01	*ID Type:	Driver's License	*E-Mail:	oladesoye@yahoo.com
*Date of Birth:	Sep 27, 1980	*Gender:	MALE	*Phone No.:	08060760946

Signature: _____

I Consent to be a Director of the above named Company

Date: _____

05.05.2018

SECTION D: PARTICULARS OF SECRETARY (INDIVIDUAL)

*Name:	ADESOYE OLALOYE EMMANUEL				
*Address:	14 SAMUEL AWONIYI ST. OFF SALVATION ROAD, OPEBI. IKEJA LAGOS STATE				
*Phone No:	08033451518	*E-Mail:	oladesoye@yahoo.com	*Signature:	_____
*ID Type:	Driver's License	*ID No:	FFF05762AA01		

SECTION D1: PARTICULARS OF SECRETARY (FIRM/CORPORATION)

*Name:				*BN/RC No.:	
*Phone No:		*E-Mail:		*Signature:	
*Address:					

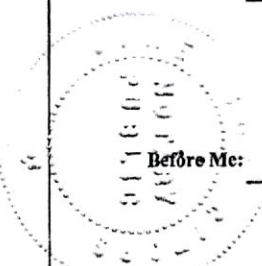


SECTION E: Statutory Declaration of Compliance with the requirements of CAMA by a Legal Practitioner

*Name Of Deponent:	OMOSHALEWA ABIONA		
*Address:	5, OKEMESI CRESCENT, GARKI II, ABUJA.		
*Accreditation No. (If Any):	NBA/IND/8355	*Phone No.:	08033451518

Do solemnly declare that the above proposed company has fulfilled the requirements for its registration

Declared at _____ On the 7th Day Of May 20 18



Before Me: _____
Commissioner for Oaths/Notary Public

OMOSHALEWA ABIONA
FOR JIRE SOLICITORS
LEGAL PRACTITIONERS, NOTARY PUBLIC
AND CONSULTANTS
 Suite 14, Anbeez Plaza, Zone 5, Abuja.
08033451518

_____ Deponent

PRESENTED FOR FILLING BY:

*Name:	ABIONA OMOSHALEWA AYOOLA		
*Address:	5 OKEMESI CRESCENT GARKI II		
*Phone No:	2348033451518	*E-Mail:	shalemi@yahoo.com
*Accreditation Number (Where Applicable):	nba/ind/8355	*Date:	07-04-2018

