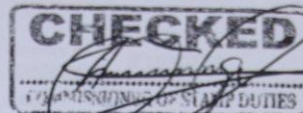


CORPORATE AFFAIRS COMMISSION

(Established under the Companies and Allied Matters Act 1990)



FEDERAL REPUBLIC OF NIGERIA

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)

LIMITED BY SHARES



LIMITED BY GUARANTEE



UNLIMITED



PAID

RETEA-NOVA ENTERPRISES LIMITED

SECTION A: COMPANY ADDRESS

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

Registered Office Address:

H2, MISSION ESTATE, CANNANLAND OTA OGUN STATE

Head Office Address:

(If different from Registered Office Address)

CORPORATE AFFAIRS COMMISSION

CERTIFIED TRUE COPY

NAME: Alakeyete

Email Address:

DESIGNATION: m. jallo

SIGN & DATE: 9/10/17

CORPORATE AFFAIRS COMMISSION

ABEOKUTA OFFICE

VERIFICATION

APPROVED BY: [Signature]

DESIGNATION: [Signature]

THE WITHIN TESTAMENT IS IN THE
OPINION OF THE COMMISSIONER OF
STAMP DUTY CHARGEABLE WITH A
DUTY OF ... AND THE DUTY ... HAS BEEN
ASSESSED ACCORDINGLY

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

ONE MILLION NAIRA ONLY

N 1,000,000.00

AMOUNT IN WORDS

DIVIDED INTO

1,000,000

OF N

1.00

EACH

Signature of Director

OLAOLUWA TESTIMONY.P 081357666

Name of Director & Tel. No. 36

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:	OLAOLUWA TESTIMONY PETER				
* Residential Address:	H2, MISSION ESTATE, CANNANLAND		* Nationality:	NIGERIAN	
* City:	OTA	* State:	OGUN	* Country of Residence:	NIGERIA
* ID No.:	A07297389	* ID. Type:	PASSPORT	* Email:	
* Date of Birth:	11/05/1988	* Gender:	MALE	* Phone No.:	08135376636

* Name:	ADEAKIN MOSUNMOLA OLUWATOBI			* Nationality:	NIGERIAN
* Residential Address:	QTRS 68, YABA COLLEGE OF TECHNOLOGY STAFF QTRS,			* Country of Residence:	NIGERIA
* City:	YABA	* State:	LAGOS	* ID No.:	A08083662
* ID No.:	A08083662	* ID. Type:	PASSPORT	* Gender:	female
* Date of Birth:	22/07/1992	* Phone No.:	08135376636		

Signature: Mosunmola
I Consent to be a Director of the above named Company

Date: 6/10/2017

3.

* Name:				* Nationality:	
* Residential Address:				* Country of Residence:	
* City:		* State:		* ID No.:	
* ID No.:		* ID. Type:		* Gender :	
* Date of Birth:		* Phone No.:			

Signature: _____
I Consent to be a Director of the above named Company

Date: _____

4.

* Name:				* Nationality:	
* Residential Address:				* Country of Residence:	
* City:		* State:		* ID No.:	
* ID No.:		* ID. Type:		* Gender :	
* Date of Birth:		* Phone No.:			

Signature: _____
I Consent to be a Director of the above named Company

Date: _____

5.

* Name:				* Nationality:	
* Residential Address:				* Country of Residence:	
* City:		* State:		* ID No.:	
* ID No.:		* ID. Type:		* Gender :	
* Date of Birth:		* Phone No.:			

Signature: _____
I Consent to be a Director of the above named Company

Date: _____