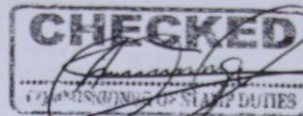


CORPORATE AFFAIRS COMMISSION

(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: _____

SECTION D: PARTICULARS OF SECRETARY (INDIVIDUAL)

* Name:	ADEAKIN MOSUNMOLA OLUWATOBI		
* Address:	QTRB 68YABA COLLEGE OF TECHNOLOGY STAFF QTRS, YABA LAGOS STATE		
* Phone No.	08135376636	* Email:	Signature: <i>Mosunmola</i>
* ID Type:	PASSPORT	* ID No:	A08083662

SECTION D1: PARTICULARS OF SECRETARY (FIRM/CORPORATION)

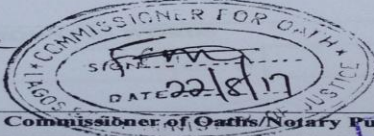
* Name:		* BN/RC No:	
* Phone No.		* Signature:	
* Address:			

CORPORATE AFFAIRS COMMISSION
APPROVED BY
VERIFICATION
APPROVED BY
NAME: *[Signature]*
DESIGNATION: *[Signature]*
& DATE: *[Signature]*

Signature/Seal Of Secretary

Name of Secretary & Tel. No.

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

* Name of Deponent:	OLUFUNSO OYELEYE		
* Address:	10, ESTHER IBEKWE STREET, PEACE VALLEY ESTATE LAGOS		
* Accreditation No. (if any)	NBA/IND/12732	* Phone No.:	08032308845
Do solemnly declare that the above proposed company has fulfilled the requirements for its registration			
Declared at <i>49 min of Justice</i> on the <i>22nd</i> day of <i>Aug</i> 20 <i>17</i>			
<i>49 min cell</i> <i>RLN - 00 22468382</i> <i>22 8</i> <i>2017</i>		 Before Me: <i>[Signature]</i> Commissioner of Oaths/Notary Public	
		Deponent <i>[Signature]</i>	

CORPORATE AFFAIRS COMMISSION
CERTIFIED TRUE COPY
NAME: *[Signature]*
DESIGNATION: *[Signature]*
SIGN & DATE: *[Signature]*

PRESENTED FOR FILING BY:

* Name:	OLUFUNSO OYELEYE		
* Address:	10, ESTHER IBEKWE STREET, PEACE VALLEY ESTATE, OKE AFA ISOLO		
* Phone No.:	08032308845	* Email:	
* Accreditation No. (Where Applicable):	NBA/IND/12732	* Date:	6/10/2017