CORPORATE AFFAIRS COMMISSION (Established under the Companies and Allied Manage MATE ON AIRS COMMISSION Certified True Copy 1 6 NOV 2017 APPLICATION FOR REGISTRATION OF C OFFICER INCORP Form Must be Typed and not Handwritten (Carefully read the Notes overleaf before you fill in the Form PANIES Type of Company (Tick as appropriate) UNLIMITED LIMITED BY GUARANTEE LIMITED BY SHARES **COMPANY NAME BARINERO SOLUTIONS LTD SECTION A: Company Address** Registered Office Address and Head Office Address if different from Registered Office Address Registered Office Address: Plot 4 Ayoola street Gemade Estate, ipaja. Head Office Address: (If different from Registered Office Address) Email Address: tundesnipes@gmail.com SECTION B: THE AUTHORIZED SHARE CAPITAL OF THE COMPANY IS: 1.000,000.00 One million AMOUNT IN WORDS **EACH** 1.00 DIVIDED INTO 1,000,000 CORPONALL LIA S COMMISSION BABATUNDE ATOLABI, 07033050750 Name of Director & Tel. No. Signature of Director 18 MON SOLL APPROVED BY

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| ECTION C: | PARTICULARS OF | F FIRST DI | tors of the | Company & | Their Consent | to Act | ACI | |
|------------------------|---|--|--------------------|---------------|--|----------|-----------------------|--|
| Name and Ad | PARTICULARS Of Persons who a | re First Direct | | | | | | |
| Name: | AFOLABI BABATUR | | DE | | | | | |
| Residential ddress: | PLOT 4 AYOOLA ST | REET GEMADE ESTATE IPAJA | | | *Nationality: *Country of | Ni | gerian | |
| City: | LAGOS | *State: | Drive shipped ATE | | Residencer | ONN | urdespipe@gmail.com | |
| ID No: | AKR07303AA02 | *ID Type: | Driver | Santi 6 | od Till | e 4 | 34703305 0 750 | |
| Date of Birth: | Feb 6, 1987 | *Gender: | N/A | Certifi | _ | 017 | | |
| Signature: | 1 Consent to be a Director of the | above named Compa | 7 | NAME- | Date | | ११०वम- | |
| | | | | SIGN- | - | 20 0 | FICEN | |
| Name: | PHIMIA BARIYER | EBA OGHALI | E | SIGN | HIES INCO | RP U | | |
| Residential | HC 18 ROAD 2, RU PORTHARCOURT | HC 18 ROAD 2, RUMUOBIAKANI HOUSING IS PORTHARCOURT. (PORTHARCOURT, RIVERS) | | *Nationality: | | Nigerian | | |
| *City: | Portharcourt | *State: | RIVERS | | *Country of Residence: | | NIGERIA | |
| *ID No: | BGM00101AA02 | *ID Type | Driver's License | | E-Mail: | | bariyereba2007@gmail. | |
| *Date of Birth | n: May 8, 1989 | ±Gender: | Female | | *Phone No |).: | 08060457168 | |
| Signature: | I Consent to be a Director of t | | | | | | * | |
| SECTION | D: PARTICULARS | S OF SECR | ETARY | (INDIVID | UAL) | | | |
| *Name: | ENYONG OTO-OBON | KG ITA | | | | | | |
| *Address: | HC 18 ROAD 2 RUMUOBIAKANI HOUSING ESTATE. | | | | / G | nature: | ECO | |
| *Phone No: | 08135856336 | *E-Mail: | enyong_o@yahoo.cod | | C# Sig | | A06594594 | |
| °ID Type: | International Passport | | | | | | | |
| SECTION | D1: PARTICULA | RS OF SEC | RETAR | Y FIRM | CORPORA | TION) | T | |
| *Name: | | TORPON. | BIL | CHA C | *Sign | - | | |
| *Phone No: | | E.VEAL. | + | 103 | HER - | 1 | 1.7 | |
| *Address: | | 1 | APTR | C | i de la companya de l | | | |
| | | | WER | | | | l v | |
| | | | | rion St | manp Duny Cer | L Not 20 | 17-4763-14708-97451 | |

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SECTION E: Statutory Declaration of Compliance with the requirements of CAMA by a Legal Practitioner 91 Sola martins new Oko Oba Abule Egha lagos *Accreditation No. (If Any); NA "Phone No.1 07065344510 Do solemnly declare that the above proposed company has fulfilled the requirements for its registration SpiciARE JUS MAGISTRA Before Me: PRESENTED FOR FILLING BY: Name: AFOLABI BABATUNDE *Address: plot 4 ayoola street gemade estate "Phone No: 2347033050750 E-Mull: Tundesnipestægmail com CORPORATE APPAIRS COMMISSION *Accreditation (Where NOT APPLICABLE Applicable): Certified True Copy 11 6 NOV 2017 COMPANIES INCORP OFFICER. WE WELLET LAUSA ON THE STATE OF WEN CHRIST OF HER

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