BN 2887295



# 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

AJP ENERGY ENTERPRISE

is registered as a Business Name with the Commission

The general nature of business is:

MARKETING & DISTRIBUTION OF RENEWABLE ENERGY, PRODUCTION OF LITERATURE FOR CLEAN ENERGY USAGE

The address of the principal place of business is:

39 ALHAJA TOYIBAT ADENIJI YUSUF STREET, MEDINA ESTATE GBAGADA, LAGOS,
LAGOS

Dated this 16th day of May, 2019.



AZUKA OBIAGELI AZINGE

Registrar of Rusiness Names

CRBN 1020638

# CORPORATE AFFAIRS COMMISSION



APPLICATION FOR REGISTRATION OF BUSINESS NAME

Pursuant to Section 675

| A. NAME OF BUSINESS  B. GENERAL NATURE OF BUSINESS  1 Marketing & Distribution of Renewable Energy, Production of Literature for BUSINESS  C. FULL ADDRESS OF FRINCIPAL PLACE OF BUSINESS  D. FULL ADDRESS OF BUSINESS  D. FULL ADDRESS OF BRANCH(ES) IF ANY  PARTICULARS OF PROPRIETORS (OTHER THAN CORPORATIONS):  SURNAME: OKOLI  OTHER NAMES: AUSTIN OKECHUKWU AGE: 28 years  CONTACT ADDRESS: 39, Alhaja Toyibat Street, Medina Estate, Gbagada, Lagos  CITY: Lagos STATE: LAGOS F.O BOX:  PHONE NUMBER: 09036538554  EMAIL: austinomalatus@gmail.com  Date: 15 - 05 - 2019  PARTICULARS OF CORPORATION WHICH IS A PROPRIETO::  titestation of Magistrate, Legal Practitioner or Police Officer of the rank of ASP and above where one of the proprieters is a minor:  NAME & TEL. NO:  ADDRESS:  SIGNATURE, DESIGNATION & DATE:  Universal of Director or Secretary of the Company where one of the proprieters is a company:  LAUSA  NAME & TEL. NO:  ADDRESS:  SIGNATURE, DESIGNATURE, DESIGNAT  | AJP ENERGY ENTERPRISE  |   |  |  |  |  |
|---|--|---|--|--|--|--|
| B. GENERAL NATURE OF BUSINESS  1 Marketing & Distribution of Renewable Energy, Production of Literature for Clean Energy Usage  2. FULL ADDRESS OF PRINCIPAL PLACE OF BUSINESS  3. PALHAJA TOYIBAT ADENIJI YUSUF STREET, MEDINA ESTATE GBAGADA (LAGOS, LAGOS)  D. FULL ADDRESS OF BRANCH(ES) IF ANY  PARTICULARS OF PROPRIETORS (OTHER THAN CORPORATIONS):  SURNAME: OKOLI  OTHER NAMES: AUSTIN OKECHUKWU  AGE: 28 years  CONTACT ADDRESS: 39, Allnaja Toyibat Street, Medina Estate, Gbagada, Lagos  CITY: Lagos  STATE: LAGOS  PO BOX:  PHONE NUMBER: 09036538554  EMAIL: austinomalatus@gmail.com  Date: 15 - 0.5 - 2019  PARTICULARS OF CORPORATION WHICH IS A PROPRIETO::  ttestation of Magistrate, Legal Practitioner or Police Officer of the rank of ASP and above where one of the properieters is a minor:  NAME & TEL. NO.:  ADDRESS:  SIGNATURE, DATE:  CORPORATE AFFAIRS COMPLISATION  DATE:  ttestation of Director or Secretary of the Company where one of the proprietors is a conpany:  NAME & TEL. NO.:  ADDRESS:  SIGNATURE, DATE:  SIGNATURE, DESIGNATION & DATE: SIGNATURE, DESIGNATION & DATE: SIGNATURE, DESIGNATION & DATE: SIGNATURE, D  | AJP ENERGY ENTERPRISE  | 5 4   |  |  |  |  |
| C. FULL ADDRESS OF PRINCIPAL PLACE OF BUSINESS  C. FULL ADDRESS OF PRINCIPAL PLACE OF BUSINESS  D. FULL ADDRESS OF BRANCH(ES) IF ANY  PARTICULARS OF PROPRIETORS (OTHER THAN CORPORATIONS):  SURNAME: OKOLI OTHER NAMES: AUSTIN OKECHUKWU CONTACT ADDRESS: 39, Alhaja Toyibat Street, Medina Estate, Gbagada, Lagos CITY: Lagos STATE: LAGOS PHONE NUMBER: 09036538554  EMAIL: austinomalatus@gmail.com  Date: 15 - 05 - 2019  PARTICULARS OF CORPORATION WHICH IS A PROPRIETO?:  ttestation of Magistrate, Legal Practitioner or Police Officer of the rank of ASP and above where one of the proprieters is a minor:  NAME & TEL. NO.:  ADDRESS:  SIGNATURE, DESIGNATION & DATE:  ttestation of Director or Secretary of the Company where one of the proprietors is a congany:  NAME & TEL. NO.:  ADDRESS:  SIGNATURE, DESIGNATION & DATE:  SIGNATURE, DESI  |  | >   |  |  |  |  |
| PRINCIPAL PLACE OF BUSINESS  D. FULL ADDRESS OF BRANCH(ES) IF ANY  PARTICULARS OF PROPRIETORS (OTHER THAN CORPORATIONS):  SURNAME: OKOLI  OTHER NAMES: AUSTIN OKECHUKWU AGE: 28 years  CONTACT ADDRESS: 39, Alhaja Toyibat Street, Medina Estate, Gbagada, Lagos  CITY: Lagos STATE: LAGOS P.O BOX:  PHONE NUMBER: 09036538554 EMAIL: austinomalatus@gmail.com  Signature: Date: 15 - 05 - 2019  PARTICULARS OF CORPORATION WHICH IS A PROPRIETO2:  ttestation of Magistrate, Legal Practitioner or Police Officer of the rank of ASP and above where one of the proprieters is a minor:  NAME & TEL. NO.:  ADDRESS:  SIGNATURE, DESIGNATION & DATE:  ttestation of Director or Secretary of the Company where one of the proprietors is a company:  NAME & TEL. NO.:  ADDRESS:  SIGNATURE, DESIGNATION & DATE:  SIGNATURE, DESIGNATION & DESI  |  | for   |  |  |  |  |
| BRANCH(ES) IF ANY  PARTICULARS OF PROPRIETORS (OTHER THAN CORPORATIONS):  SURNAME: OKOLI  OTHER NAMES: AUSTIN OKECHUKWU  AGE: 28 years  CONTACT ADDRESS: 39, Alhaja Toyibat Street, Medina Estate, Gbagada, Lagos  CITY: Lagos  STATE: LAGOS  P.O BOX:  PHONE NUMBER: 09036538554  EMAIL: austinomalatus@gmail.com  PARTICULARS OF CORPORATION WHICH IS A PROPRIETO::  ttestation of Magistrate, Legal Practitioner or Police Officer of the rank of ASP and above where one of the proprieters is a minor:  NAME & TEL. NO.:  ADDRESS:  SIGNATURE, DESIGNATION & DATE:  ttestation of Director or Secretary of the Company where one of the proprietors is a company:  NAME & TEL. NO.:  ADDRESS:  SIGNATURE, DESIGNATION & DATE:  SIGNATURE, DESIGNATION & DATE:  SIGNATURE, DESIGNATION & DATE:  SIGNATURE, DESIGNATION & DATE:  |  |   |  |  |  |  |
| SURNAME: OKOLI  OTHER NAMES: AUSTIN OKECHUKWU  CONTACT ADDRESS: 39, Alhaja Toyibat Street, Medina Estate, Gbagada, Lagos  CTTY: Lagos  STATE: LAGOS  P.O BOX:  PHONE NUMBER: 09036538554  EMAIL: austinomalatus@gmail.com  Signature:  Date: 15 - 05 - 2019  PARTICULARS OF CORPORATION WHICH IS A PROPRIETO?:  testation of Magistrate, Legal Practitioner or Police Officer of the rank of ASP and above where one of the proprieters is a minor:  NAME & TEL. NO.:  ADDRESS:  SIGNATURE, DESIGNATION & DATE:  testation of Director or Secretary of the Company where one of the proprietors is a company:  NAME & TEL. NO.:  ADDRESS:  SIGNATURE, DESIGNATURE,  |  |   |  |  |  |  |
| SURNAME: OKOLI OTHER NAMES: AUSTIN OKECHUKWU AGE: 28 years CONTACT ADDRESS: 39, Alhaja Toyibat Street, Medina Estate, Gbagada, Lagos CITY: Lagos STATE: LAGOS PO BOX: PHONE NUMBER: 09036538554 EMAIL: austinomalatus@gmail.com  Date: \$5 - 0.5 - 2019  PARTICULARS OF CORPORATION WHICH IS A PROPRIETOD: ttestation of Magistrate, Legal Practitioner or Police Officer of the rank of ASP and above where one of the proprieters is a minor:  NAME & TEL. NO.: ADDRESS: SIGNATURE, DESIGNATION & DATE: ttestation of Director or Secretary of the Company where one of the proprietors is a company: NAME & TEL. NO.: ADDRESS: SIGNATURE, DESIGNATION & DATE: SIGNATURE, DESIGNATURE,  | RS (OTHER THAN CORPORATIONS):  |   |  |  |  |  |
| OTHER NAMES: AUSTIN OKECHUKWU  CONTACT ADDRESS: 39, Alhaja Toyibat Street, Medina Estate, Gbagada, Lagos  CITY: Lagos  STATE: LAGOS  P.O BOX:  PHONE NUMBER: 09036538554  EMAIL: austinomalatus@gmail.com  Date: 15 - 05 - 2019  PARTICULARS OF CORPORATION WHICH IS A PROPRIETO?:  ttestation of Magistrate, Legal Practitioner or Police Officer of the rank of ASP and above where one of the proprieters is a minor:  NAME & TEL. NO.:  ADDRESS:  SIGNATURE, DESIGNATION & CORPORATE AFFAIRS COMPANY where one of the proprietors is a company:  NAME & TEL. NO.:  ADDRESS:  SIGNATURE, DESIGNATION & CORPORATE AFFAIRS COMPANY where one of the proprietors is a company:  NAME & TEL. NO.:  AJEWOLE F.A.  SIGNATURE, DESIGNATION & DES  |  |   |  |  |  |  |
| CONTACT ADDRESS: 39, Alhaja Toyibat Street, Medina Estate, Gbagada, Lagos  CITY: Lagos STATE: LAGOS P.O BOX:  PHONE NUMBER: 09036538554 EMAIL: austinomalatus@gmail.com  Signature: Date: \$5 - 0.5 - 2019  PARTICULARS OF CORPORATION WHICH IS A PROPRIETO::  ttestation 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 & CORPORATE AFFAIRS COMPANDENT ATTENDATE:  THE STATE OF COMPANDENT AFFAIRS COMPANDENT AND ASP COMPANDENT ASP COMPANDENT AND ASP COMPANDENT ASP COMPANDEN |  | a149).  |  |  |  |  |
| CITY: Lagos STATE: LAGOS P.O BOX:  PHONE NUMBER: 09036538554 EMAIL: austinomalatus@gmail.com  Signature: Date: \$5 - 0.5 - 2.019  PARTICULARS OF CORPORATION WHICH IS A PROPRIETO?:  Itestation 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:  Itestation of Director or Secretary of the Company where one of the proprietors is a company:  NAME & TEL. NO.:  ADDRESS:  SIGNATURE, DESIGNATION & DATE:  SIGNATURE, DESIGNATION & DATE:  SIGNATURE, DESIGNATION & DATE:  SIGNATURE, DESIGNATION & DATE:  | HUKWU AGE: 28 years  | 73  |  |  |  |  |
| PHONE NUMBER: 09036538554  EMAIL: austinomalatus@gmail.com  Signature:  Date: 15 - 05 - 2019  PARTICULARS OF CORPORATION WHICH IS A PROPRIETO2:  ttestation 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:  ttestation of Director or Secretary of the Company where one of the proprietors is a company:  NAME & TEL. NO.:  ADDRESS:  SIGNATURE, DESIGNATION & DATE:  SIGNATURE, DESIGNATURE, DESIGNATURE & SIGNATURE & SIGNAT  | yibat Street, Medina Estate, Gbagada, Lagos  |   |  |  |  |  |
| PHONE NUMBER: 09036538554  EMAIL: austinomalatus@gmail.com  Date: 15-05-2019  PARTICULARS OF CORPORATION WHICH IS A PROPRIETO2:  Ittestation 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:  Ittestation of Director or Secretary of the Company where one of the proprietors is a company:  NAME & TEL. NO.:  ADDRESS:  SIGNATURE, DESIGNATION & DATE:  |  | K   |  |  |  |  |
| Date: 15-05-2019  PARTICULARS OF CORPORATION WHICH IS A PROPRIETO:::  ttestation of Magistrate, Legal Practitioner or Police Officer of the rank of ASP and above where one of the proprieters is a minor:  NAME & TEL. NO.:  ADDRESS:  SIGNATURE, DESIGNATION & DATE:  ttestation of Director or Secretary of the Company where one of the proprietors is a company:  NAME & TEL. NO.:  ADDRESS:  SIGNATURE, DESIGNATION & DATE:  SIGNATURE, DESIGNATION & DATE:  SIGNATURE, DESIGNATION & DATE:  SIGNATURE, DESIGNATION & DATE:   |  |   |  |  |  |  |
| PARTICULARS OF CORPORATION WHICH IS A PROPRIETO::  ttestation of Magistrate, Legal Practitioner or Police Officer of the rank of ASP and above where one of the proprieters is a minor:  NAME & TEL. NO.:  ADDRESS:  SIGNATURE, DESIGNATION & DATE:  ttestation of Director or Secretary of the Company where one of the proprietors is a company:  NAME & TEL. NO.:  ADDRESS:  SIGNATURE, DESIGNATION & DATE:  SIGNATURE, DESIGNATION & DATE:  SIGNATURE, DESIGNATION & DATE:  | EMAIL: austinomalatus@gman.com   |   |  |  |  |  |
| 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:  SIGNATURE, DESIGNATION & DATE:  |  |   |  |  |  |  |
| ADDRESS:  SIGNATURE, DESIGNATION & DATE:  ttestation of Director or Secretary of the Company where one of the proprietors is a company:  NAME & TEL. NO.:  ADDRESS:  SIGNATURE, DESIGNATION & DATE:  SIGNATURE, DESIGNATION & DATE:   |  |   |  |  |  |  |
| SIGNATURE, DESIGNATION & DATE:  ttestation of Director or Secretary of the Company where one of the proprietors is a company:  NAME & TEL. NO.:  ADDRESS:  SIGNATURE, DESIGNATION & DATE:  SIGNATURE, DESIGNATION & DATE:   |  |   |  |  |  |  |
| SIGNATURE, DESIGNATION & DATE:  ttestation of Director or Secretary of the Company where one of the proprietors is a company:  NAME & TEL. NO.:  ADDRESS:  SIGNATURE, DESIGNATION & DATE:  SIGNATURE, DESIGNATION & DATE:   |  |   |  |  |  |  |
| NAME & TEL. NO.:  ADDRESS:  SIGNATURE, DESIGNATION & DATE:  SIGNATION &   |  |   |  |  |  |  |
| NAME & TEL. NO.:  ADDRESS:  SIGNATURE, DESIGNATION & DATE:  SIGN  | Company where one of the proprietors is a company:   |   |  |  |  |  |
| ADDRESS:  SIGNATURE, DESIGNATION & DATE:  SIGN  | the contract of the contract o |   |  |  |  |  |
| SIGNATURE, DESIGNATION & DATE:  SIGN  | 4 B B B A C B B B B B B B B B B B B B B B  |   |  |  |  |  |
| TO COMPANY TO A STATE OF THE PARTY OF THE PA  |  |   |  |  |  |  |
|   | AJEWOLE F.A  |   |  |  |  |  |
| ADDRESS:  SIGNATURE, DESIGNATION & DATE:  | 3  | 39 ALHAJA TOYIBAT ADENIJI YUSUF STREET, MEDINA ESTATE GBAGAD (LAGOS, LAGOS)  S (OTHER THAN CORPORATIONS):  IUKWU  AGE: 28 years  P.O BOX:  EMAIL: austinomalatus@gmail.com  Date: \$5 - 0 5 - 2019  ON WHICH IS A PROPRIETO?:  Per or Police Officer of the rank of ASP and above where one of the proprieters is a minor:  Corporate Affairs Commission  Corporate Affairs Commission  Company where one of the proprietors is a company:  AAUSA |  |  |  |  |

G. DATE OF COMMENCEMENT OF BUSINESS:

Date: May 16, 2019

#### H. ATTESTATION:

| I/We, the undersign | ed, being proprietor(s)  | of the above named    | business name her    | eby certify that the    | e foregoing particulars | are, to the best of      |
|---------------------|--------------------------|-----------------------|----------------------|-------------------------|-------------------------|--------------------------|
| my/our knowledge    | and belief, correct and  | I/we undertake to not | tify the Registrar's | of Business Names       | whenever any change     | is made or occurs in any |
| of them other than  | the age of any of the pr | oprietors.            |                      | ( ) ( ) ( ) ( ) ( ) ( ) |                         |                          |

|   |        | 1,3  |
|---|--------|--|
| <u>/                                    </u>  |        | No. 1. Annual communication of the communication of |
| The second of the second of the second of the | BEFORE |  |
| PROPRIETOR                                    | · 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:

| NAME: OKOLI AUSTIN OKECHUKWU                          | ACCREDITATION NO. N/A (if applicable)   |
|---|---|
| ADDRESS: 39, Alhaja Toyibat street, Medina Estate, Gl | agada (Lagos, LAGOS)                    |
| TEL. NO.: 09036538554                                 | E-MAIL: austinoma atus @gmail.com 1 MAY |
|   |   |
|   | RAN OF A                                |