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SECRETARY OF STATE ALLAHASSEE, FLORID

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COVER LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: _	TLE	ARGAYU	SHOLA	CORD
	(PRO	POSED CORPORATE NA	ME – MUST INCLUI	DE SUFFIX)

Enclosed is an original and one(1) copy of the Articles of Incorporation and a check for:

\$70.00 Filing Fee

\$78.75
Filing Fee &
Certificate of
Status

\$78.75

Filing Fee

Filing Fee & Certified Copy \$87.50

Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: UIVIAM Lang
Name (Printed or typed)

495 DW 72 nd Street, Switz 205
Address

Fram, pf. 33166
City, State & Zip

NOTE: Please provide the original and one copy of the articles.

WHAT IS PA 1:09

Articles of Incorporation Under Chapter 617 of THE FLORIDA STATUES FOR ILE ARGAYU SHOLA, CORP.

THE UNDERSIGNED INCORPORAATOR(S) for the purpose of forming a Not-for-Profit Corporation under Chapter 6127 of the Florida Statutes (1998) hereby respectfully adopts the following Articles of Incorporation.

ARTICLE I NAME

The Name of the corporation shall be ILE ARGAYU SHOLA, Corp.

ARTICLE II PRINCIPAL OFFICE

The initial principal office of the ILE ARGAYU SHOLA, Corp.

Is located at 4995 NW 72nd Street, Suite 205, Miami, Dade County Florida, 33166-5643

ARTICLE III PURPOSE

The purpose(s) of ILE ARGAYU SHOLA Corp. is to engage in endeavors to further the Religious teaching of Oldumare by his manifestation in Ifa Religion as guided by Orula; to engage in Ifa divination by use of the diving chain (opele); to engage in the teaching of the IFa Religion; to engage in initiating Priest into the Ifa Religion; to engage in holding any and all necessary rituals necessary in the religious practice of Ifa' to engage in any all and legal activities necessary for the furtherance of the Good Will of Olodumare by his manifestation in IFa Religion. Ifa is a system of divination based on sixteen basic and 256 derivatives figures(odu) obtained either by the manipulation of sixteen palm nuts (ikin),or by the toss of a chain (opele)of eight half seed shells. Ifa, as the God of Divination, entails ceremonies, sacrifice, taboos, drums, songs, praises, initiation, and other rituals elements comparable to those of the Yoruba Nation of West Africa.

ARTICLE IV MANNER OF ELECTION

lle Argayu Shoal, Corp. hereby elects as permitted by 617.0202(d), Florida Statutes (1998), to more fully detail the method(s) and /or manner of electing and /or appointing directors in the bylaws of ILE ARGAYU SHOLA, Corp.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

Viviam B Lang 4995 NW 72nd Street Suite 205 Miami, Florida 33166

ARTICLE VI INITIAL REGISTED AGENT AND STREET ADDRESS

TITLE OF OFFICE	NAME OF PERSON NAMED TO OFFICE	STREET ADDRESS	
		1.n+	
PRESIDENT	BABALOSHA - VIVIAM B LANG Key H	4995 NW 72 ND STREET, SUITE 205,MIAMI, FL	
VICE PRESIDENT	BABALOSHA - MARGARITA LEYVA 🔾 (8932 SW 25 TH STREET, MIAMI, FL	
SECRETARY	SASERDOTE IFA - PEDRO PALACIO	6886 W 29 TH AVENUE, HIALEAH, FL	

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is for these Article of Incorporation is

Viviam B Lang

4995 NW 72nd Street

Suite 205

Miami, Florida 33166

The undersigned incorporation has executed the Articles of Incorporation this 12 day of May, 2008.

Signature

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAW OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the corporation is:	
ILE ARGAYU SHOLA, Corp.	
(Must includes suffix)	
The name and address of the registered agent and office is:	
Viviam B Lang	
(Name)	
4995 NW 72 nd Street, Suite 205, Miami, Florida 331 (City/State/Zip)	66
Having been named as registered agent and to accept service of p stated corporation at the place designated in this certificate, I Here registered agent and agree to act in this capacity. I further agree to fall statutes relating to the proper and complete performance of with and accept the obligation of my position as registered agent.	eby accept the appointed as o comply with the provisions
Signature of Registered Agent	S Date of STATE