

N120000010945

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

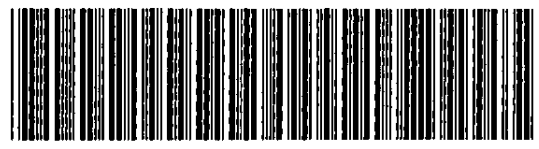
(Document Number)

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12 NOV 19 PM 4:34  
TREASURY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

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

SUBJECT: ISOKO HEALTH FOUNDATION, (IHF), Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE 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  
& Certified Copy

☒ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

FROM: Godspower S. Omasere  
Name (Printed or typed)

743 NW Harris Lake Drive  
Address

Lake City, Florida 32055  
City, State & Zip

386-754-4123  
19056 NW 22nd Avenue Phone number

omasere2@hotmail.com  
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 10, 2012

GODSPOWER S. OMASERE  
743 NW HARRIS LAKE DRIVE  
LAKE CITY, FL 32055

SUBJECT: ISOKO HEALTH FOUNDATION (IHF) INCORPORATED  
Ref. Number: W12000052056

We have received your document for ISOKO HEALTH FOUNDATION (IHF) INCORPORATED and your check(s) totaling \$100.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

Letter Number: 412A00025083



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 30, 2012

GODSPOWER S. OMASERE  
743 NW HARRIS LAKE DRIVE  
LAKE CITY, FL 32055

SUBJECT: ISOKO HEALTH FOUNDATION (IHF) INCORPORATED  
Ref. Number: W12000052056

We have received your document for ISOKO HEALTH FOUNDATION (IHF) INCORPORATED and your check(s) totaling \$100.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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Valerie Herring  
Regulatory Specialist II  
New Filing Section

Letter Number: 412A00025083

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME** Isoko Health Foundation, Incorporated  
The name of the corporation shall be:

FILED

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
19056 NW 72nd Avenue  
Alachua, FL 32615

12 NOV 19 2012 3:34  
Mailing address, if different is:

Same

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

exclusively for charitable, medical and educational purposes; established to provide health care and health education to the inhabitants of the Isoko communities.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed:

All directors except the initial directors shall be elected by the board of directors. And, from their number, the officers of the Foundation shall be appointed.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Dr. Lawrence Adu, CEO  
Address: 19056 NW 72nd Avenue  
Alachua, FL 32615

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: Godspower S. Omasere, CIO  
Address: 743 NW Harris Lake Drive  
Lake City, FL 32055

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: Emmanuel A. Ojo, CFO  
Address: 3208 Rock Port Drive  
Lithonia, GA 30338

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Godspower S. Omasere  
Address: 743 NW Harris Lake Drive  
Lake City, FL 32055

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Dr. Lawrence Adu  
Address: 19056 NW 72nd Avenue  
Alachua, FL 32615

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature of Registered Agent

SEPT. 30, 2012

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature of Incorporator

10/6/12

Date