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Florida Department of State  
Division of Corporations  
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## To:

Division of Corporations  
Fax Number : (850)922-4001

## From:

Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305)599-0839  
Fax Number : (305)716-0346

**FLORIDA PROFIT CORPORATION OR P.A.****INSTITUTE FOR WHOLISTIC EMPOWERMENT, INC.**

Certificate of Status	0
Certified Copy	1
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TALLAHASSEE, FLORIDA

B. McKnight. MAR 08 2007 ✓

A F F I D A V I T

STATE OF FLORIDA  
COUNTY OF MIAMI-DADE

BEFORE ME, the undersigned authority, personally appeared JOHN E. OSHODI, whose address is 17325 N.W. 127<sup>th</sup> Avenue, suite 210, Miami, Florida 33036, who being by me first duly sworn, deposes and says:

1. That I am the director of Institute for Wholistic Empowerment, Inc.

2. That I have no intention to reinstate the non-profit corporation, Institute for Wholistic Empowerment, Inc.

3. That I release the name, Institute for Wholistic Empowerment, Inc., for use.

4. That I have no intention of revoking the entity, Institute for Wholistic Empowerment Inc.

I, . declare that the allegations in the foregoing affidavit are true.

John E. Oshodi  
JOHN E. OSHODI, Affiant

Affirmed and signed before me, on this 2nd day of March, 2001, by JOHN E. OSHODI:

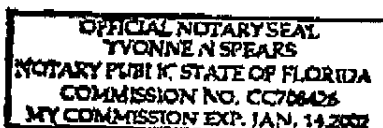
( ) who is personally known to me, or  
( ☒ ) who produced the following identification: Driver's License 023046559201-0

JOHN E. OSHODI, personally appeared before me at the time of notarization, and after being given the oath, acknowledged signing the foregoing acceptance.

Tyonne N. Spears  
Notary Public  
(Printed or Typed Name)

Commission Expiration Date & Commission Number:

(SEAL)



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CERTIFICATE OF INCORPORATION  
OF  
INSTITUTE FOR WHOLISTIC EMPOWERMENT, INC.

I, the undersigned, hereby make, subscribe and acknowledge this certificate for the purpose of becoming a corporation under the laws of the State of Florida.

1. The name of the corporation shall be: INSTITUTE FOR WHOLISTIC EMPOWERMENT, INC., and its existence shall be perpetual.

2. The general nature of the business to be transacted shall be African-Centered Traditions, Arts, and Sciences for Motivation, Education, and Health and to have all other powers provided by the laws of the State of Florida.

3. The capital stock of the corporation shall consist of one hundred (100) shares, without nominal par value.

4. The amount of capital with which this corporation shall begin business in not less than one thousand (\$1,000.00) Dollars.

5. The principal office of this corporation shall be at 17325 N.W. 27<sup>th</sup> Avenue, Suite 210, Miami, Florida 33036.

6. The number of directors shall be at least one (1), and the names and post office addresses of the first Board of Directors and Officers are:

<u>NAME</u>	<u>OFFICE</u>	<u>POST OFFICE ADDRESS</u>
JOHN EGBEAZIEN OSHODI President		17325 N.W. 27 <sup>th</sup> Ave., Ste.210 Miami, Florida 33036

7. The names and post office addresses of the subscribers to this Certificate of Incorporation, and the number of shares each agrees to take, and the consideration therefore, the proceeds of which will amount to not less than one thousand (\$1,000.00) Dollars are as follows:

<u>NAME AND ADDRESS</u>	<u>NO. OF SHARES</u>	<u>CONSIDERATION</u>
1. JOHN EGBEAZIEN OSHODI	100	\$1,000.00

8. DANIEL M. KEIL, P.A., whose address is 3165 West 4<sup>th</sup> Avenue, Hialeah, Florida 33012, is hereby designated as the Registered Agent for the corporation.

This Document prepared by:  
Daniel M. Keil, P.A.  
3165 West 4th Avenue  
Hialeah, Florida 33012  
Telephone No. (305) 883-6600  
Florida Bar No. 181663

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IN WITNESS WHEREOF, the undersigned hereby subscribe to this Certificate of Incorporation at Hialeah, Florida this 2nd day of MARCH, 2001, for the uses and purposes aforesaid.

John Egbeazien Oshodi  
JOHN EGBEAZIEN OSHODI

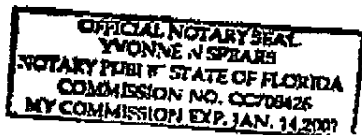
STATE OF FLORIDA     )  
                              )     §9.  
COUNTY OF DADE     )

BEFORE ME, the undersigned authority, personally appeared JOHN EGBEAZIEN OSHODI, Subscriber(s) and person(s) described in and who executed the foregoing Certificate of Incorporation, who acknowledged before me that they did subscribe thereto, and did so for the uses and purposes therein contained.

SWORN TO and SUBSCRIBED before me at Hialeah, Dade County, Florida this the 2nd day of MARCH, 2001.

[Signature]  
Notary Public, State of FL.

My Commission Expires:



This Document prepared by:  
Daniel M. Keil, P.A.  
3165 West 4th Avenue  
Hialeah, Florida 33012  
Telephone No. (305) 883-6600  
Florida Bar No. 181663

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CERTIFICATE OF DESIGNATING PLACE OF BUSINESS  
OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN  
FLORIDA NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

In compliance with Section 28.091, Florida Statutes, the following is submitted:

INSTITUTE FOR WHOLISTIC EMPOWERMENT, INC.

desiring to organize or qualify under the laws of the State of Florida, with its principal place of business at the City of Miami, State of Florida, has named DANIEL M. KEIL, P.A., located at 3165 West 4<sup>th</sup> Avenue, Hialeah, Florida 33012, as its Agent to accept service of process within Florida.

John E. CSHODI  
JOHN E. CSHODI, President

DATE 5/2/01

I HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES.

Daniel M. Keil  
DANIEL M. KEIL, P.A.  
REGISTERED AGENT

DATE \_\_\_\_\_

This Document prepared by:  
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Hialeah, Florida 33012  
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