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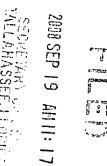
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LEANING SEP 1 & 7000

CCVER LETTER

TO: Registration Section
Division of Corporations
SUBJECT Lady's Choice Crisis Intervention and Bourcest (Name of Corporation - must include suffix)
Dear Sir or Madam:
The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.
Please return all correspondence concerning this matter to the following:
Helen L. Watson (Name of Person)
The Lady's Choice Crisio Intervention and Resource (Firm/Company) Center
116-B Country Club Drive
Fayetteville, NC 28301 (City/State and Zip Code)
For further information concerning this matter, please call:
Helen L. Watson at (910) 797-5172 (Name of Person) at (910) Area Code & Daytime Telephone Number)
MAILING ADDRESS: STREET/COURIER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Enclosed is a check for the following amount:

□ \$70.00 Filing Fee

** \$78.75 Filing Fee & Certificate of Status \$78.75 Filing Fee & Certified Copy

□ \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA: (Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.) ina State or country under the law of which it is incorporated) ear corp. will cease to exist or "perpetual") (Date of Incorporation) (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.) (Principal office address) 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Office Address: ncksonville 10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place

(Registered agent's signature)

designated in this application, I bereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my

duties, and I am familiar with and ageopt the obligations of my position as registered agent.

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Ivalies and addresses of officers and of directors.
A. DIRECTORS
Chairman: Velea Watson
Address: 4214 Pleasant view Drive
Fayetheville, NC 28312
Vice Chairman: Ernita Goode
Address: 1524 GaryStone Road
Vice Chairman: Ernita Goode Address: 1524 Gary Stone Roed Fayetteville, NC 28311-1882
Director:
Address:
Director:
Address:
B. OFFICERS
and the sale of th
Address: 3434 Lubback Orive Hope Mills, NC 28348-9631
Vice President: MS. Traveuro Hardin
Address: 1200 Merchinson Road Fayetterile, NC 2830/
- Julius
Secretary: Ms Maria Williams
Address: 6508 Brook Stone Fayetteville, NC 36314-8008
Treasurer: Ms. Andrea McLean
Address: 5/2 Farm view Dr. Fayetteville, NC 2881/
Address. Classification Fit. Getternat, No. 600
NOTE: If necessary you may attach an addendum to the application listing additional officers and/or directors.
13. Wat-
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
(Typed or printed name and capacity of person signing application)



NORTH CAROLINA Department of The Secretary of State

CERTIFICATE OF EXISTENCE

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

THE LADY'S CHOICE CRISIS INTERVENTION AND RESOURCE CENTER

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the , with its period of duration being Perpetual.

I FURTHER certify that the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Nonprofit Corporation Act; and that the said corporation has not filed articles of dissolution as of the date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 20th day of August, 2008.

Secretary of State

6 laine I. Marshall

Certification# 88540927-1 Reference# 9416821- Page: 1 of 1 Verify this certificate online at www.secretary.state.nc.us/verification