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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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To:

Division of Corporations Fax Number : (850)205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number: 071001002335 Phone: (305)599-0939 Fax Number: (305)716-0346

FLORIDA NON-PROFIT CORPORATION HOOD TO HOOD CORPORATION

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ARTICLE OF INCORPORATION

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

HOOD TO HOOD CORPORATION

The undersigned, acting as incorporator of a corporation pursuant to chapter 617, Florida Statues, adopts the following Articles of incorporation:

ARTICLE ONE NAME AND PRINCIPAL PLACE OF BUSINESS

The name of the corporation is HOOD TO HOOD CORPORATION. The principal address of the corporation is: 9900 W. Sample Road, Suité 300, Coral Springs, Fiorida 33065.

ARTICLE TWO MAILING ADDRESS

The mailing address of this corporation shall be: 9900 W. Sample Road, Suite 300, Coral Springs, Florida 33065.

ARTICLE THREE PURPOSE(S)

The mission of Hood to Hood Corporation is to assist afro-centric, low-income individuals and families, particularly those residing in the inner cities in becoming active, participating members of their community. Hood to Hood Corporation Is committed to assisting residents in attaining higher educational levels, establishing youth programs, seeking avenues of employment for residents, securing clean, decent and affordable housing, assisting seniors residents in attaining life fulfillment, strengthening family units, established health education programs, as well as other empowerment activities. With these programs Hood to Hood Corporation hopes to empower each and every resident to gain economic self-sufficiency, thereby becoming active participants within their communities.

ARTICLE FOUR MANNER OF ELECTION OF DIRECTORS

The manner in which the directors are elected or appointed is described in the by-laws of the Corporation.

ARTICLE FIVE LIMITATION OF CORPORATE POWERS

The corporate powers of this corporation are as provided in section 617,0302, Florida Statutes, with no limitations:

ARTICLE SIX INITIAL REGISTERED AGENT AND STREET ADDRESS

The street address of its initial registered office is 9900 W. Sample Road, Suite 300, Coral Springs, Florida 33065 and the name of its initial registered agent at such address is SANDRA POMARES.

I hereby is familiar with and accept the duties and responsibilities as registered agent for said corporation.

SANDRA POMARES

ARTICLE SEVEN DIRECTORS

The number of directors constituting the initial board of directors is three, and the name and address of the person or persons who are to serve as directors until the first annual meeting of the shareholders or until their successors are elected and qualified are:

Name	Mailing Address
SANDRA POMARES	9900 W. Sample Road, Suite 300
President	Coral Springs, Florida 33065
MAGDA BUCHANAN-SAMUELS	9900 W. Sample Road, Suite 300
Secretary	Coral Springs, Florida 33065
EVELIA YOUNG	.9900 W. Sample Road, Suite 300
Treasurer	Coral Springs, Florida 33065

ARTICLE EIGHT INCORPORATORS

The name and address of each incorporator is:

Name

Mailing Address

SANDRA POMARES

9900 W. Sample Road, Suite 300 Coral Springs, Florida 33065

. (signed)

Incomorator

The powers of the incorporators cease upon filing of the Articles of Incorporation.

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

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Pursuant to the Provisions of sections 607.0501 or 617.0501, Florida Statutes, FIGURIDA undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

- 1. The name of the Corporation is HOOD TO HOOD CORPORATION.
- 2. The name and address of the registered agent and office is:

SANDRA POMARES
9900 W. Sample Road, Suite 300
Coral Springs, Florida 33066

HAVING BEEN NAMED AS REGISTERED AGENTS AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

VURA POMARES

DATE: *August 29,200*2