

FFECTIVE DATE

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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)599-0839 Fax Number : (305)716-0346

# FLORIDA NON-PROFIT CORPORATION HELPING PEOPLE IN ISRAEL INC.

Certificate of Status	0
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EFFECTIVE DATE

FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

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### ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Not for Profit Corporation Act, hereby adopt(s) the following Articles of Incorporation:

#### ARTICLE I NAME

The name of the corporation shall be: HELPING PEOPLE IN ISRAEL INC.

The effective date of this Corporation shall be: Jan 1st, 2003.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

3510 NE 167th Street, N. Miawi Beach, Fl 33160.

#### ARTICLE III PURPOSE(S)

The specific purpose(s) for which the corporation is organized is(are):

To help homeless and poor people in the US and Israel, to provide voluntary work, food, cloth, money, generate contributions.

#### ARTICLE IV MANNER OF ELECTION OF DIRECTORS

The manner in which the directors are elected or appointed is:

The wanner of election will be stated in the minutes and By-Laws of the Corporation.

#### ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

LIDA SHUKRIE 3510 NE 167th Street, N. Miami Beach, Fl 33160.

#### ARTICLE VI INCORPORATOR

The name and address of the Incorporator to these Articles of Incorporation are:

LIDA SHUKRIE 3510 NE 167th Street, N. Miami Beach, F1 33160.

Signature/Incorporator Date Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent 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.

Signature/Registered Agent

Dec. 09-02