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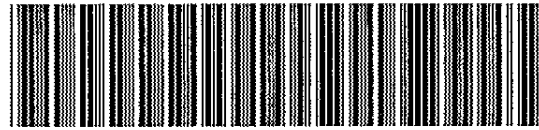
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CORPORATION(S) NAME

Habitat Hope Restoration and
Education Center, INC.

- | | | |
|--|--|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input checked="" type="checkbox"/> NonProfit | <input type="checkbox"/> Dissolution | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Certificate Under Seal |
| <input checked="" type="checkbox"/> Certified Copy | <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem |
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FLORIDA DEPARTMENT OF STATE

Ken Detzner
Secretary of State

January 17, 2003

EMPIRE

TALLAHASSEE, FL

SUBJECT: HABITAT HOPE RESTORATION AND EDUCATION CENTER, INC.
Ref. Number: W03000001581

We have received your document for HABITAT HOPE RESTORATION AND EDUCATION CENTER, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as Registered Agent.")

Please return the 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) 245-6973.

Claretha Golden
Document Specialist
New Filings Section

Letter Number: 803A00002692

Articles of Incorporation

Of

**HABITAT HOPE RESTORATION AND EDUCATION
CENTER, INC.**

(A Corporation Not For Profit)

Article I

Name

The name of the Corporation is Habitat Hope Restoration and Education Center, Inc.

Article II

Address

The place of business of this organization shall be:

725 45th Street West Palm Beach, West Palm Beach, FL 3407

Article III

Duration

The corporation shall have perpetual existence.

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PALM BEACH, FLORIDA

Article IV

Purpose

The Corporation is organized and operated exclusively for charitable, religious, educational, health, housing, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under Section 501 © (3) of the Internal Revenue Code, or corresponding section of any future federal tax code.

Article V

Membership

Upon approval by the Board of Directors, any qualified person shall be member of this Corporation. Membership may be terminated by expulsion for just a cause or resignation with thirty (30) days written notice to the Board of Directors. The manner in which the directors are elected or appointed: Will be stated in the by-laws.

Article VI

Management

Section 1. The Board of Directors shall manage the internal affairs of the Corporation. The Board of Directors shall consist of not less than three (3) and not more than nine (9) persons.

Section 2. The officers of the Corporation shall be a President, one or more Vice Presidents and a secretary/Treasurer. These officers shall be elected and shall hold office in the manner provided in by the bylaws of the Corporation.

Article VII

Initial Officers and Directors

The names and street addresses of the officers and directors who are to manage all the affairs of the Corporation until the first annual meeting are:

1. Lemel Dorvilus, BBA/ HCM/Realtor, President
14576 Keylime Blvd
Loxahatchee FL 33470
2. Victor Audige, ND, Vice President
640 40th Street West Palm Beach, FL 33407
3. Vernalee Walker, BS. Secretary
725 45th Street
West Palm Beach, FL 33407
4. Adonis Sauveur, Treasurer
5154 Jackson Rd
Delray Beach, FL 33445
5. Jean Davilmar, MD/HCM
4595 Cherry Rd
West Palm Beach, FL 33417
6. Jean Sanon, BS/ Mortgage Broker
407 S. Dixie Hwy. Suite 4
Lake Worth FL 33460
7. Elizabeth Robinson, Consultant
301 Broadway
Riviera Beach, FL 33404
8. Colette Kersaint, RN
4595 Cherry Rd
West Palm Beach, FL 3417

9. Verna Estime
638 52nd Street
West Palm Beach, FL 33407

Article VIII

Registered Agent and Address , and incorporator

The name of the registered agent is Lemel Dorvilus. The mailing address is 14570 Key Lime Blvd Loxahatchee, FL 33470.

Article IX

Bylaws and Amendments to the Articles of Incorporation

The Bylaws of the Corporation shall be made, altered, rescinded by a majority vote of the voting membership present or voting by proxy at any regular meeting, or by a majority vote of the board of Directors.

IN WITNESS WHEREOF, the undersigned has subscribed his name under the seal this 15 day of January, 2003.



LEMEL DORVILUS

Registered Agent + Incorporator

STATE OF FLORIDA

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the 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.

First that Habitat Hope Restoration and Education
Center, Inc.

desiring to organize under the laws of the State of Florida

with its principal office, as indicated in the articles of incorporation has

named Lemel Dorvilus

located at 14570 Key Lime Blvd

City of Loxahatchee County of Palmer Beach State of Florida,

as its agent to accept service of process within this state.

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

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