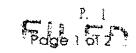
DEC-16-03 TUE 1:56 PM

Division of Corporations



03 DEC 16 AM 10: 29

SECRETARY OF STATE

N03000010825

Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H03000333081 5)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)205-0361

From:

Account Name : FILINGS | INC.
Account Number : 072720000101
Phone : (450)385-6735
Fax Number : (754)641-4132

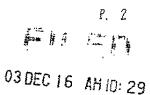
FLORIDA NON-PROFIT CORPORATION

A SECURE OF THE PROPERTY OF TH

WEST AFRICAN CHILDREN'S LIFELINE, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

DEC-16-03 TUE 1:57 PM 485020323081



ARTICLES OF INCORPORATION FOR TA

SECRETARY OF STATE TALLAHASSEE FLORIDA

ARTICLE J. -- NAME

The name of the corporation shall be:

WEST AFRICAN CHILDREN'S LIFELINE, INC.

ARTICLE IL - PRINCIPAL OFFICE

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

245 Laurent Court Lehigh Acres, FL 33936

ARTICLE JIL - PURPOSE

Said corporation is organized exclusively for charitable, religious, educational and/or scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under Section 501 (c) (3) of the internal Revenue Code, or the corresponding section of any future federal tax code.

More specifically, the purpose is to care for children in countries that have wer or civil unrest. The organization will improve their educational and living standards. The organization will collaborate and liaise with relevant government agencies and interested persons to attain these objectives. The organization will foster the enhancement of the UN convention on the "RIGHTS OF THE CHILD".

The project that will be undertakes will include establishing schools K thru 8th grade, provide food, provide homes for orphaned and abandoned children and provide medical treatment.

ARTICLE IV. - MANNER OF ELECTION

The manner in which the directors are elected or appointed: Shall be in the BY -CAWS

The directors will be elected annually by majority vote of the Board of Directors.

150EEEUX555

ARTICLE V. - INITIAL DIRECTORS/OFFICERS

The name(s), address(es) and title(s):

Wallsco J. Hilliard

President

2610 Bulnish Lane Naples, FL 34105

Gordon Laury

Vice President

1891 Honduras Avenue Marco Island, FL 34145

Winston White

Secretary

245 Laurent Court Lohigh Acros, FL 33936

William Basah

Treasurer

2931 SW First St., NE Caps Corel, FL 33914

ARTICLE VI. - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the registered agent is:

Wallace J. Hillard 2610 Bulrush Lane Naples, FL 34105

ARTICLE VII. - INCORPORATOR

The name and address of the Incorporator is:

Sally Simpson White 245 Laurent Court Lehlah Acres, FL 33938 DEC-16-03 TUE 1:57 PM

MC3XXX3333781

2. 4

03 DEC 16 AMID: 29

SECRETARY OF STATE FALL AHASSEE FLORIDA

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the lews 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

WEST AFRICAN CHILDREN'S LIFELINE, INC.

2. The name and address of the registered agent and office is:

Wallace J. Hilliard 2610 Bulrush Lane Naples, FL 34105

Signature:

SALLY SIMPSON WHITE, Incorporator

Date: 12-2-03

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:

WALAGE J. HILLIARD, Registered Agent

Date: 112-2-07