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EMPIRE

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

From:
Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

FLORIDA PROFIT/NON PROFIT CORPORATION

misiones practicas, inc.

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ARTICLES OF INCORPORATION

OF

MISIONES PRACTICAS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 JAN 24 AM 12:46

FILED

The undersigned incorporator(s), for the purpose of forming a Not for Profit Corporation under Chapter 617 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I

The name of the corporation shall be: MISIONES PRACTICAS, INC.

ARTICLE II

The principal place of business and the mailing address of this corporation shall be: 641 LAUREL LANE E., PEMBROKE PINES, FL 33027.

ARTICLE III

The specific purpose for which the corporation is organized:

TO FEED THE HUNGRY AND PREACH THE GOSPEL.

ARTICLE IV

The manner in which the directors are elected or appointed will be stated in the Bylaws.

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ARTICLE V

The name and street address of the initial registered agent shall be :
ROBERTO ORELLANA, 641 LAUREL LANE E., PEMBROKE
PINES, FL 33027.

ARTICLE VI

The name and address of the Officer(s) shall be:

PRESIDENT

ROBERTO ORELLANA

641 LAUREL LANE E.
PEMBROKE PINES, FL 33027

SEC/TREAS

WALESKA RAMOS

641 LAUREL LANE E.
PEMBROKE PINES, FL 33027

ARTICLE VII

The name and street address of the incorporator of these Articles of
Incorporation shall be:

EMPIRE CORPORATE KIT OF AMERICA, INC.
2444 N.W. 7TH PLACE
MIAMI, FL 33127

The undersigned incorporator has executed these Articles of
Incorporation this 22ND Day of JANUARY, 2007.


INCORPORATOR

Ray Stornont Signing for
Empre Corporate Kit of America, Inc.

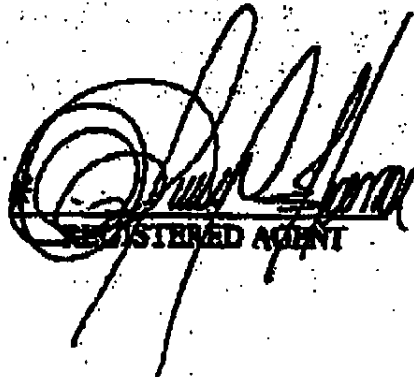
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**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Misiones Practicas, Inc.
(NAME OF CORPORATION)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO
ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED
CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES
OF INCORPORATION, 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.

FILED
07 JAN 24 AM 12:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA


REGISTERED AGENT

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