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To: Division of Corporations
Fax Number : (850) 617-6381

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

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TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION

katherine's hope inc.

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**ARTICLES OF INCORPORATION
OF
KATHERINE'S HOPE INC.**

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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: KATHERINE'S HOPE INC.

ARTICLE II

The principal place of business and the mailing address of this corporation shall be: 6601 S.W. 43RD STREET, MIAMI, FL 33155.

ARTICLE III

The specific purpose for which the corporation is organized: THE COLLECTION, MANAGEMENT, AND DISTRIBUTION OF CHARITABLE FUNDS FOR MEDICAL TREATMENT OF THE NEEDY.

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 :
JESSICA JIMENEZ, 6601 S.W. 43RD STREET, MIAMI, FL 33155.

ARTICLE VI

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

PRESIDENT

JESSICA JIMENEZ

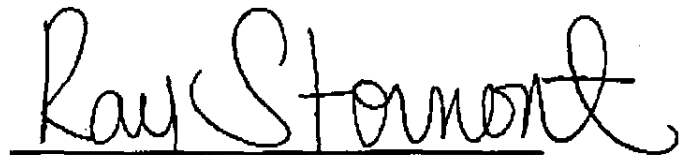
6601 S.W. 43RD STREET
MIAMI, FL 33155

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 7TH Day of NOVEMBER, 2007.

A handwritten signature in black ink, reading "Ray Stormont", is written over a horizontal line.

INCORPORATOR

**Ray Stormont Signing for
Empire Corporate Kit of America, Inc.**

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

KATHERINE'S HOPE 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.


REGISTERED AGENT

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