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SECRETARY OF STATE

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TO:	New Filing S Division of C					
SUBJ	ECT: LIFELIN	E TO AFRICA, INC.	ation - must include suffix)		_	
		(Name of Corpora	ation - must include surfix)			
Dear S	ir or Madam:					
"Certif		tion by Foreign Not for Proce", and check are submitted				
Please	return all corres	spondence concerning this m	natter to the following:			
		Eric J. Rotbard, Esq.			_	
			(Name of Person)	-		
			(Firm/Company)		ZOOM SECI	
		81 Main Street			HAY HAY	77
		Suite 205			-5 , NRY OF SSEE.	
			(Address)		F S T	D
		White Plains, New York 106	S01 ty/State and Zip Code)		8: 2 5 TATE ORIDA	
		(<i>y</i> -55 m.u .a.p 5555)			
For fur	ther information	concerning this matter, plea	ase call:			
Eric J.	Rotbard, Esq.	at	(914) 422-2500			
	(Name	of Person)	(Area Code & Daytime Te	lephone Number)	<u></u>	
	MAILING AI New Filing Sec Division of Co P.O. Box 6327 Tallahassee, FI	ction rporations	New Filing So Division of C Clifton Buildi	orporations ing ve Center Circle	SS:	
Enclose	ed is a check for	the following amount:				
二 \$ 70.	.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	\$87.50 Filin Certificate Certified C	of Status &	

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. Lifeline to Africa, Inc.		
(Name of corporation: must include the word "INCORPORA import in language as will clearly indicate that it is a corpora in the name at present. "Company" or "Co." may not be used	ition instead of a natural person or pa	rtnership if not so contained
2. New York	2	•
2. New York (State or country under the law of which it is incorporated)	i) (FEI number, if an	policable)
	·	
4. February 10, 2004 (Date of Incorporation)	(Duration: Year corp. will cease	e to exist or "perpetual")
- National Control of the Control of		• • •
 No business in the State of Florida has been conduct. (Date first conducted affairs in Florida if prior to registration. 	00 y01 See sections 617.1501 & 617.1502. F.S	to determine penalty ighility.)
		, to determine persons, racontry,
7. 680 Berkshire Road, Wingdale, New York 12594	of office and decree	
(Рипсіра	al office address)	
P.O. Box 657, Wingdale, New York 12594		
	mailing address)	
8. Charitable, religious, educational and scientific purpos	ses; solicits and accepts funds to s	support medical missionary wor
(Purpose(s) of corporation authorized in home state or count	try to be carried out in the state of Flo	orida)
9. Name and street address of Florida registered agent: (F	O Poy NOT acceptable)	Į.
y. Name and street address of Piorida registered agent. (P	.o. box <u>nor</u> acceptable)	TIL 2009 MAY -5 SECRETARY TALLAHASSE
Name: Lorena Aguilar		FILED HAY -5 A 1 PRETARY OF STANASSEE, FLO
Name: Lorena Aguna)		TAR ASS
Office Address: 11033 N.W. 48th Lane		SE -5
office reduces.		
Doral	, Florida <u>33178-4363</u>	ED A 8: 26 COF STATE E.FLORIDA
(City)	(Zip Code)	e: 2
10 P) A
10. Registered agent's acceptance: Having been named as registered agent and to accept se	emica of process for the above sta	etad composation at the place
lesignated in this application. I hereby accept the appoi	ntment as revistered agent and a	eree to act in this capacity. I
further agree to comply with the provisions of all statute luties, and I am familiar with and accept the obligation	s relative to the proper and comp	olete performance of my
and decept including	s of my position as registered age	711.
# 1		
+Cho(/)		
×		
(Registered	Agent's signature)	

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12. Names and addresses of officers and/or directors:

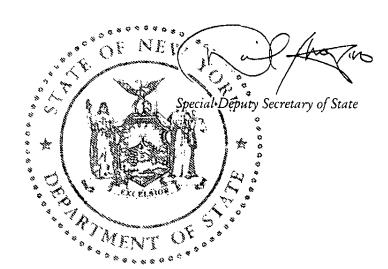
A. DIRECTORS

Chairman: Peter Carstens	eom 32	6
Address: P.O. Box 657		
Wingdale, New York 12594		
Vice Chairman: Thomas Reiss		
Address: P.O. Box 980		
New Market, Virginia 22844		
Director: Anthony Mazzelia		
Address: 87 Wharton Drive		
Cortland Manor, New York 10567		
Director: Janet Boehm		
Address: 442 Red Top Road		
Highland, New York 12528		
B. OFFICERS	***************************************	
President: Peter Carstens		
Address: P.O. Box 657		
Wingdale, New York 12594		
Vice President: Thomas Reiss		-
Address: P.O. Box 980		
New Market, Virginia 22844		
Secretary: Janet Boehm		 -
Address: 442 Red Top Road, Highland, New York 12528		
Treasurer: Peter Carstens		
Address: P.O. Box 657, Wingdale, New York 12594		
NOTE: If necessary, you may attach an addendum to the application listing additional officers an	d/or dire	ctors.
13. PIW Castup		
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the appli	cation)	
14. Peter Carstens (Typed or printed name and capacity of person signing application)		

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of LIFELINE TO AFRICA, INC. was filed on 02/10/2004, as a Not-for-Profit Corporation and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 26th day of March two thousand and nine.



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