


469-309-9

CN 51-02	KANSAS SECRETARY OF STATE
	Not-For-Profit Articles of Incorporation
CONTACT: Kansas Office of the Secretary of State	
Memorial Hall, 1st Floor 120 S.W. 10th Avenue Topeka, KS 66612-1594	(785) 296-4564 kssos@sos.ks.gov www.sos.ks.gov

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i INSTRUCTIONS: All information must be completed or this document will not be accepted for filing. Please read instructions sheet before completing.

1. Name of the corporation:	Hope and Healing Africa Incorporated
2. Name of the resident agent and address of the registered office in Kansas: <i>Address must be a street address. A P.O. box is unacceptable</i>	Hendrik Smidderts 3224 N. Tyler Rd. Name Street Address Wichita Kansas 67205 City State Zip
3. Mailing address: <i>Address will be used to send official mail from the Secretary of State's office</i>	Hope and Healing Africa 3224 N. Tyler Rd. Attention Name Address Wichita KS 67205 USA City State Zip Country
4. Tax closing month:	December
5. Nature of corporation's business or purpose:	Charity Health Organization
6. Will this corporation have the authority to issue capital stock?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, the total number of shares authorized: ____ shares of _____ stock, class _____ par value of _____ dollars each ____ shares of _____ stock, class _____ par value of _____ dollars each ____ shares of _____ stock, class _____ without nominal or par value ____ shares of _____ stock, class _____ without nominal or par value <i>*If applicable, state any designations, powers, rights, limitations or restrictions applicable to any class or any special grant of authority to be given to the board of directors:</i>
7. Are the conditions of membership fixed by bylaws:	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If no, state the conditions of membership:

8. Name and mailing address of each incorporator:

Do not leave blank

If additional space is needed please provide an attachment

1) Hendrik Smiddlerks
 Name
3224 N. Tyler Rd. Wichita KS 67205 USA
 Mailing address City State Zip Country

2) _____
 Name
 Mailing address City State Zip Country

3) _____
 Name
 Mailing address City State Zip Country

9. Name and mailing address of the board of directors:

This must be completed if the incorporator's power terminates once this document is filed

If additional space is needed please provide an attachment

1) Hendrik Smiddlerks
 Name
11706 W. 18th N. Wichita KS 67212 USA
 Mailing address City State Zip Country

2) Randy Claasson
 Name
10657 SW. 21st Terr. Towanda KS 67144 USA
 Mailing address City State Zip Country

3) Jim Blackburn
 Name
1500 Cherry Rd. Springfield IL 62704 USA
 Mailing address City State Zip Country

10. Duration of the corporation:

Perpetual
 Date the corporation will cease _____
 Month Day Year

11. Effective date:

A future effective date must be within 90 days of filing date

Upon filing
 Future effective date _____
 Month Day Year

12. I/We declare under penalty of perjury pursuant to the laws of the state of Kansas that the foregoing is true and correct and that I/we have remitted the required fee. Signatures must correspond exactly to the names of the incorporators listed in number 8.

[Signature] 1/16/2013
 Signature of incorporator Date (month, day, year)

[Signature] 1-16-2013
 Signature of incorporator Date (month, day, year)

[Signature] 1/10/2013
 Signature of incorporator Date (month, day, year)

