DOMESTIC NONPROFIT CORPORATION

STATE OF MAINE

ARTICLES OF INCORPORATION

Pursuant to 13-B MRSA §403, the undersigned incorporator(s) execute(s) and deliver(s) the following Articles of Incorporation:

FIRST: The name of the corporation is Hand in Hand/H mano en mano

SECOND: (*X* one box only. Attach additional page(s) if necessary.)
- The corporation is organized as a public benefit corporation for the following purpose or purposes:
  - To serve as a resource in the areas of health, education and social advocacy. In order to build a strong community there is a need for these services to be appropriately accessible to all.
- The corporation is organized as a mutual benefit corporation for all purposes permitted under Title 13-B or, if not for all such purposes, then for the following purpose or purposes:

THIRD: The name and registered office of the Registered Agent who must be a Maine resident, whose office is identical with the registered office; or a corporation, domestic or foreign, profit or nonprofit, having an office identical with such registered office:

Anna G. Tomezako

6 North Main Street, Milbridge, ME 04658

PO Box 573, Milbridge, ME 04658

FOURTH: The number of directors (not less than 3) constituting the initial board of directors of the corporation, if the number has been designated or if the initial directors have been chosen, is

The minimum number of directors (not less than 3) shall be 3 and the maximum number of directors shall be 20.

FIFTH: Members: (*X* one box only.)

- There shall be no members.
- There shall be one or more classes of members and the information required by 13-B MRSA §402 is attached, see Exhibit B

FORM NO. MNPCA-6 (1 of 2)
SIXTH: (Optional) ☒ (Check if this article is to apply.)

No substantial part of the activities of the Corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the Corporation shall not participate in or intervene in any political campaign on behalf of any candidate for public office.

SEVENTH: (Optional) ☒ (Check if this article is to apply.)

Other provisions of these articles including provisions for the regulation of the internal affairs of the corporation, distribution of assets on dissolution or final liquidation and the requirements of the Internal Revenue Code section 501(c) are set out in Exhibit A attached hereto and made a part hereof.

**Incorporators**

<table>
<thead>
<tr>
<th>Name</th>
<th>Street</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faye M. Bushy</td>
<td>Box 441 US #51</td>
</tr>
<tr>
<td></td>
<td>(residence address)</td>
</tr>
<tr>
<td>Moira B. Bell</td>
<td>456 Wyman Rd.</td>
</tr>
<tr>
<td></td>
<td>(residence address)</td>
</tr>
<tr>
<td>Harriet B. Bell</td>
<td>Milbridge, ME 04658</td>
</tr>
<tr>
<td></td>
<td>(city, state and zip code)</td>
</tr>
<tr>
<td>Alain Tomezsko</td>
<td>242 Saco Rd.</td>
</tr>
<tr>
<td></td>
<td>(residence address)</td>
</tr>
<tr>
<td></td>
<td>Columbia, ME 04623</td>
</tr>
<tr>
<td></td>
<td>(city, state and zip code)</td>
</tr>
</tbody>
</table>

**For Corporate Incorporator**

Name of Corporate Incorporator

By

(signature of officer)

Street

(principal business location)

(type or print name and capacity)

(city, state and zip code)

**Acceptance of Appointment of Registered Agent**

The undersigned hereby accepts the appointment as registered agent for the above-named domestic nonprofit corporation.

DATED May 2, 2005

Alain Tomezsko

(signature of registered agent)

Anais Tomezsko

(type or print name)

Note: If the registered agent does not sign this form, Form MNPCA-18 (13-B MRSA §304.3) must accompany this document.

*Articles are to be executed as follows:
If a corporation is an incorporator (13-B MRSA §401), the name of the corporation should be typed or printed and signed on its behalf by an officer of the corporation. The articles of incorporation must be accompanied by a certificate of an appropriate officer of the corporation, not the person signing the articles, certifying that the person executing the articles on behalf of the corporation was duly authorized to do so.

Please remit your payment made payable to the Maine Secretary of State.

SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE, 101 STATE HOUSE STATION, AUGUSTA, ME 04333-0041

FORM NO. MNPCA-6 (2 of 2) Rev. 8/1/2004

TEL. (207) 624-7740

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Exhibit "B"

Articles of Incorporation for Hand in Hand/ Mano en Mano

Fourth:

The corporation shall have one class of members. Members shall consist of interested community members who pay annual dues. Members have the right to attend board of director's meetings, but have no official vote.
Exhibit "A"

Articles of Incorporation for Hand in Hand/Mano en Mano

Seventh:

Upon the dissolution of the organization, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not disposed of shall be disposed of by the Superior Court of the county in which the principal office of the organization is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.
Domestic
Nonprofit Corporation
State of Maine

Articles of Amendment

Hand in Hand / Mano en Mano
(Names of Corporations)

Pursuant to 13-B MRSA §§802 and 803, the undersigned corporation executes and delivers the following Articles of Amendment.

First:

(“X” one box only)
Public Benefit Corporation
Mutual Benefit Corporation

Second:

Describe Nature of Change (i.e., change in name of corporation, purpose, number of directors, adding or deleting section or revision of section, etc.) as well as Text of Amendment. Attach additional pages as needed.

Nature of Change: Adding Section

Eighth Article:

Said organization is organized exclusively for charitable, religious, educational, and 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 corresponding section of any future federal tax code.

Minimum Filing Fee $10.00. An additional $10 filing fee if changing the purpose.

File No 20050606ND Pages 2
Fee Paid $ 10
DCN 2053481500011 AMEN
FILED 12/13/2005

Julie L. Flynt
Deputy Secretary of State

A True Copy When Attested by Signature

Deputy Secretary of State

Form No: MNPCA-9 (1 of 2)
THIRD:  ("X" one box only) The amendment was adopted on (date) 12/01/05 as follows.

By the members at a meeting at which a quorum was present and the amendment received at least a majority of the votes which members were entitled to cast.

(If the Articles require more than a majority vote) By the members at a meeting at which the amendment received at least the percentage of votes required by the Articles of Incorporation.

By the written consent of all members entitled to vote with respect thereto.

X (If no members, or none entitled to vote thereon) By majority vote of the board of directors.

FOURTH: The address of the registered office of the corporation in the State of Maine is

6 North Main Street, PO Box 573 Milbridge, ME 04658

______________________________

*By Faye M. Bushey

(signature)

Faye M. Bushey, President

(type or print name and capacity)

______________________________

*By

(signature)

(type or print name and capacity)

MUST BE COMPLETED FOR VOTE
OF MEMBERS

I certify that I have custody of the minutes showing
the above action by the members.

(signature of clerk, secretary or assistant secretary)

*This document MUST be signed by any duly authorized officer (13-B MRSA §104 1 B)

Please remit your payment made payable to the Maine Secretary of State

SUBMIT COMPLETED FORMS TO:
CORPORATE EXAMINING SECTION, SECRETARY OF STATE,
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101

FORM NO. MNPCA-9 (2 of 2) Rev. 4/16/2006

TEL. (207) 624-7740

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Thu Jun 24 2010 14:22:33
DOMESTIC NONPROFIT CORPORATION
STATE OF MAINE

ARTICLES OF AMENDMENT

Hand in Hand / Mano en Mano

(State of Corporation)

Pursuant to 13-B MRSA §§802 and 803, the undersigned corporation executes and delivers the following Articles of Amendment:

FIRST: ("X" one box only )  public benefit corporation  mutual benefit corporation

SECOND: Describe NATURE OF CHANGE (i.e. change in name of corporation, purpose, number of directors, adding or deleting section or revision of section, etc.) as well as TEXT of amendment. Attach additional pages as needed.

Nature of Change: Purpose

Second Article.

To serve as a resource to and advocate for the Latino community in coastal Washington County in the areas of health care and access to social services; to provide educational opportunities, and to develop affordable housing for farmworkers

Nature of Change: Number of Directors

Fourth Article

The minimum number of directors shall be 4 and the maximum number of directors shall be 20.

Nature of Change: Adding Section

Ninth Article

No part of said organization's earnings may benefit any of its members, founders, or contributors
THIRD:  ("X" one box only.) The amendment was adopted on (date) ________ as follows.

× By the members at a meeting at which a quorum was present and the amendment received at least a majority of the votes which members were entitled to cast

(If the Articles require more than a majority vote ) By the members at a meeting at which the amendment received at least the percentage of votes required by the Articles of Incorporation

By the written consent of all members entitled to vote with respect thereto

(If no members, or none entitled to vote thereon ) By majority vote of the board of directors

FOURTH:  The address of the registered office of the corporation in the State of Maine is

51 Main St. PO Box 573 Milbridge, ME 04658

DATED ________

By ____________________________

Chloe Dowley, President of the Board

*By ____________________________

(signature)

(name and signature of the members)

MUST BE COMPLETED FOR VOTE OF MEMBERS

I certify that I have custody of the minutes showing the above action by the members.

________________________________________

(signature)

(name and capacity of the members)

*This document MUST be signed by any duly authorized officer (13-B-MSA §104.1.B)

Please remit your payment made payable to the Maine Secretary of State

SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE.
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101

FORM NO. MNPCA-9 (2 of 2) Rev 9/16/2005

TEL. (207) 624-7752