

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (950) 617-6361

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850)222-1092

Fax Number

: (850)878-5368

Enter the email address for this business entity to be used for future: annual report mailings. Enter only one email address please.

Email Address:

FOREIGN PROFIT/NONPROFIT CORPORATION

The Justice Management Institute

Certificate of Status	1
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Corporate Filing Menu

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COVER LETTER

TO: New	Filing Section
	sion of Corporations
SUBJECT:	The Justice Management Institute
	Name of Corporation – must include suffix
Dear Sir or N	fadam:
Affairs in Flo	"Application by Foreign Not for Profit Corporation for Authorization to Conduct its wida", "Certificate of Existence", or "Certificate of Status" and check are submitted to bove referenced not for profit corporation to conduct its affairs in Florida.
Please return	all correspondence concerning this matter to the following:
	Franklin Cruz
	Name of Person
	The Justice Management Institute
	Firm/Company
	1400 14th Street North, Floor 12
	Address
	Arlington, VA 22209
	City/State and Zip Code
	info@jmijustice.org
	E-mail address: (to be used for future annual report notification)
For further in	formation concerning this matter, please call:
Franklin Cruz	703 940-0324
***************************************	Name of Person Area Code & Daytime Telephone Number
	LING ADDRESS: STREET/COURIER ADDRESS: Filing Section New Filing Section
	ion of Corporations Division of Corporations Box 6327 Clifton Building
	Box 6327 Clifton Building hassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a	check for the following amount:
🗖 \$70.00 Fil	ing Fee

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 IN SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPURATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

(If name unavailable	in Florida, enter alternate cor	porate name adopted for the	purpose of transacting busin	ess in Florida)
Colorado		3, 84-1220651		
(State or country u	nder the law of which it is inco	orporated)	(FEI number, if applicable)	
11/25/1992		5. Perpetual	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(Date o	i incorporation)	(Duration: Y	car corp. will coase to exist or	"perpetual")
Immediately upon i	egistration		•	
(Date first conducted	affairs in Florida if prior to regi	stration. See sections 617.130	01 & 617.1502, F.S. to determ	ine penalty hability.)
	rth, Floor 12, Arlington, VA 2			, , , , , , , , , , , , , , , , , , ,
, 1400 tall price 140		(Principal office address)		
		(Principal Office address)		
1400 14th Street No	nh, Floor 12, Arlington, VA 2	2209		
		(Current mailing address)		
To provide profession	onal training, technical assistan	•		stice systems.
	onal training, technical assistan	nce, and research and evalua	ation services to courts and ju	- T
(Purpose(s) of corpo	ration authorized in home state	nce, and research and evaluate or country to be carried out	ation services to courts and ju- t in the state of Piorida)	stice systems.
(Purpose(s) of corpo		nce, and research and evaluate or country to be carried out	ation services to courts and ju- t in the state of Piorida)	- T
(Purpose(s) of corpo	ration authorized in home state	agent: (P.O. Box <u>NOT</u> and	ation services to courts and ju- t in the state of Piorida)	- T
(Purpose(s) of corpo	ration authorized in home state	agent: (P.O. Box <u>NOT</u> and	ation services to courts and ju- t in the state of Piorida)	- T
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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.

12. Names and addresses of officers and/or directors

A. DIRECTORS		
Chairman:		
Address:		
Vice Chairman:		
Address:		
Director:	· · · · · · · · · · · · · · · · · ·	
Address:		
Director:		
Addross:		
	型从	
B. OFFICERS		TOF #
President: Please see the attached		<u></u>
Address:		
	F1;	2
Vice President:	91	<u>.</u> ?:
Address:	₩ (T)	-8
Secretary:		
Address:		
Treasurer:		
Address:		
NOTE: 16		
NOTE: If necessary you may attach an addendum to the application listing additional officers 13.	and/or directors	i.
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the ar	plication)	
14. Franklin Cruz, Chief Financial Officer (Typed or printed name and capacity of person signing application)		
4.4.4.4. And the second and the seco		

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE

I, Scott Gessler, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office.

THE JUSTICE MANAGEMENT INSTITUTE

is a Nonprofit Corporation formed or registered on 11/25/1992 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 19921112761.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 07/17/2014 that have been posted, and by documents delivered to this office electronically through 07/18/2014 @ 13:21:26.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Denver, Colorado on 07/18/2014 @ 13:21:26 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 8904616.

OF COLOR

14 JUL 31 PH 2: 06

Secretary of State of the State of Colorado

Notice: A certificate instant electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Certificate Confirmation Page of the Secretary of State's Web site, http://pyrus.ss.tate.co.us/bz/CertificateStarchCriterio.do entering the certificate's confirmation number displayed on the certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us/click Business Conter and select "Frequently Asked Questions."