

# F180000005367

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

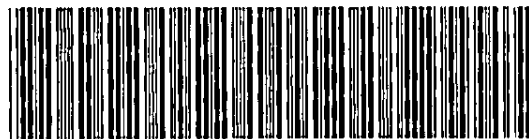
\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

# NP

Office Use Only



## 300320362433

11/05/18--01027--004 \*\*70.00

FILED  
18 NOV -5 PM 2:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

BL VORISEK

NOV 27 2018

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** International Consortium of Universities for Drug Demand Reduction, Inc.  
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Joel Kaleva

Name of Person

Crowley Fleck PLLP

Firm/Company

305 S. 4th St., East, Suite 100

Address

Missoula, MT 59801

City/State and Zip Code

jkaleva@crowleyfleck.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joel Kaleva

Name of Person

at ( 406 )

Area Code

523-3600

Daytime Telephone Number

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee      ☐ \$78.75 Filing Fee & Certificate of Status      ☐ \$78.75 Filing Fee & Certified Copy      ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**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. International Consortium of Universities for Drug Demand Reduction, Inc. ✓

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Montana ✓ 3. 82-4727734  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. March 5, 2018 5. perpetual  
(Date of Incorporation) (Date of duration, if other than perpetual)

6. None conducted prior to registration  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 2115 11th Street West, Billings, MT 59102  
(Principal office address)

(Current mailing address, if different)

8. See addendum  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

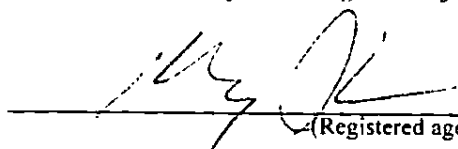
9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: Kim Johnson

Office Address: 9419 Hunters Point Drive  
Tampa, Florida 33647  
(City) (Zip Code)

10. **Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative 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'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.

18 NOV -5 PM 2:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

12. Names and addresses of officers and/or directors

**A. DIRECTORS**

✓ Chairman: Michal Miovsky  
Charles University, Ovocný trh 5, Prague 1, 116 36, Czech Republic  
Address:


✓ Vice Chairman: Rogers Peters  
USF, Mental Health Law and Policy Department 13301 Bruce B. Downs, Tampa, FL 33612  
Address:

✓ Director: Igor Koutsenok  
University of California San Diego, Department of Psychiatry  
Address: 9500 Gilman Drive, La Jolla, CA 92093-0737, Guava Bld., Suite 130

✓ Director: Melody Heaps  
TASC, 700 S. Clinton St. - Chicago, IL 60607  
Address:

**B. OFFICERS**

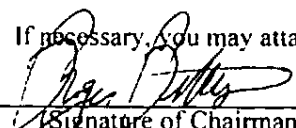
CD President: Michal Miovsky  
Charles University, Ovocný trh 5, Prague 1, 116 36, Czech Republic  
Address:

Vice President:  Roger H. Peters and Igor Koutsenok D  
USF, Mental Health Law and Policy Dept. 13301 Bruce B. Downs, Tampa, FL 33612 and University of  
Address: California San Diego, Dept. of Psychiatry 9500 Gilman Dr., La Jolla, CA 92093-0737, Guava Bld., Ste. 130

TD Secretary: Melody Heaps  
TASC, 700 S. Clinton St. - Chicago, IL 60607  
Address:

✓ Treasurer: Melody Heaps  
TASC, 700 S. Clinton St. - Chicago, IL 60607  
Address:

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.   
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

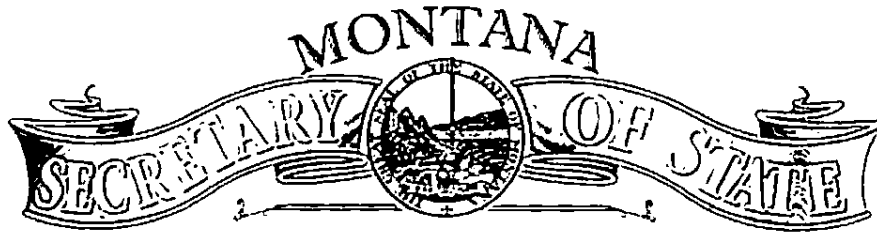
14. Roger Peters, Vice Chair  
(Typed or printed name and capacity of person signing application)

## 8. Addendum of Purpose

The Corporation is organized and shall be operated not for profit but exclusively for charitable, scientific and educational purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, as amended. The Corporation may engage in any and all lawful acts and enter into any and all lawful agreements that may be necessary, useful, suitable, or proper for the furtherance of its charitable purposes or programs, so long as these programs are permitted by Section 501(c)(3) of Internal Revenue Code of 1986, as amended.

A. Addendum of Directors

Last Name of Director	First Name of Director	Mailing Address
Al Ghafri	Hamad	P.O BOX 55001 Abu Dhabi, UAE
Aramrattana	Apinun	Faculty of Medicine, Chiang Mai University 239, Huay Kaew Road, Muang District, Chiang Mai Thailand, 50200
Chucharoen	Prapapun	Mahidol University, 999 Phuttamonthon 4 Road, Salaya, Nakhon Pathom 73170
Ferrer	Xavier	University of Barcelona Gran Via de les Corts Catalanes, 585, 08007 Barcelona, Spain
Kader	Rehana	Life Vincent Palotti Hospital, Suite 2019, North Wing, Doctors Suites, Alexandra Road, Pinelands, 7405
Koutsenok	Igor	University of California San Diego, Department of Psychiatry 9500 Gilman Drive, La Jolla, CA 92093-0737, Guava Bld., Suite 130
Obot	Isidore	Department of Psychology, University of Uyo P.O. Box 4230, University Post Office Uyo, Nigeria
Pinchuk	Irina	Ukrainian Research Institute of Social and Forensic Psychiatry and Drug Abuse of Ministry of Health of Ukraine 103, Kirilovskaya Street, building 12, 04080, Kiev
Lesme Romero	Diana	Universidad Católica Nuestra Señora de la Asunción Teniente N. Cantalupi 2052, Asunción, Asunción
Salazar	Fernando	Universidad Peruana Cayetano Heredia Av Honorio Delgado 430, Urb Engineering, District of San Martin de Porres, Lima, Lima Province Lima 31



## CERTIFICATE OF FACT

I, **COREY STAPLETON**, Secretary of State for the State of Montana, do hereby certify the following information for the corporation:

**International Consortium of Universities for Drug Demand Reduction**

Date Incorporated: **March 05, 2018**

Term: **Perpetual**

Status: **Active Good Standing**

Jurisdiction: **Montana**

Purpose:

Registered Agent: **LAWCO**

Agent Physical Address: **2115 11TH STREET WEST, BILLINGS, Montana, 59102, United States**

Agent Mailing Address: **2115 11TH STREET WEST, BILLINGS, Montana, 59102, United States**

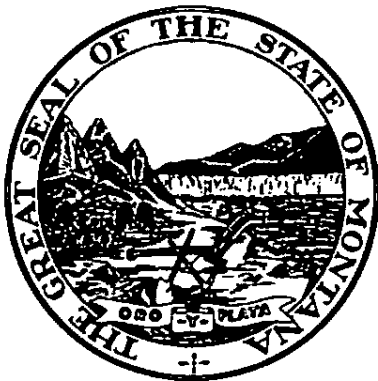
Principal Office Address:

Incorporators:

- **Joel Kaleva, 305 S. 4th St. East, Suite 100, Missoula, Montana 59801, United States**

History Details:

- **Articles of Incorporation Filed 03/05/2018**



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Montana, at Helena, the Capital, this 16th day of October, 2018.

**COREY STAPLETON**

Montana Secretary of State

Certificate Number: 101620181488