(Re	questor's Name)	· · · · · · · · · · · · · · · · · · ·
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		/
Ĺ	1/2	20
	Office Use Onl	У
	i/	



300010586163

01/27/03--01102--001 **78.75

03 JAN 27 PH 3: 19

THOM VED

Meyer: Brows 77. Requester's Name P.D. Box 1547 Address Tallahassa Fl. 3232 City/State/Zip Phone #	878-SZIZ	-
CORPORATION NAME(S) & DOCU	Office Use Only UMENT NUMBER(S), (if known):	
	Progressie Palicy Inc.	·
2. (Corporation Name)	(Document #)	<u></u>
3. (Corporation Name)	(Document #)	<u>ं</u> ्रास्त्रः ५ <u>ङ</u> ्क
4(Corporation Name)	(Document #)	<u> </u>
☐ Walk in ☐ Pick up time _		ny
Mail out Will wait	Photocopy Certificate of	
NEW FILINGS Profit	AMENDMENTS Amendment	
Not for Profit Limited Liability Domestication Other	Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger)r
OTHER FILINGS	REGISTRATION/QUALIFICATION	
Annual Report Fictitious Name	☐ Foreign ☐ Limited Partnership ☐ Reinstatement ☐ Trademark ☐ Other	
	Examiner's I	aitials

CR2E031(7/97)

ARTICLES OF INCORPORATION OF FLORIDA FORUM FOR PROGRESSIVE POLICY, INC.

INC.

The undersigned, acting as incorporators of this Corporation not for profit pursuant to Chapter 617.

Florida Statutes, adopt the following articles of incorporation:

I. NAME

The name of this Corporation is Florida Forum for Progressive Policy, Inc. The initial address of the corporation is 1736 Highland Place, Tallahassee, Florida 32308.

II. DURATION

The period of the duration of this Corporation is perpetual unless dissolved according to law. Corporate existence shall commence upon filing with the Secretary of State.

III. PURPOSE

The purposes for which this Corporation is created and maintained shall be for developing and communicating public policies that improve the social welfare of the State of Florida and benefit its citizens. It is intended that the Corporation will offer policy proposals on a range of issues of concern to Floridians, such as education, healthcare, public safety and security, taxes, government spending, children's welfare and the well-being of senior citizens. No activities which are not permitted by an organization exempt from taxation pursuant to Section 501(c)(4) of the Internal Revenue Code, as amended, shall be permitted.

The Corporation may engage in the following specific activities:

- (1) Conducting and commissioning studies;
- (2) Preparation of policy white papers;
- (3) Issuing publications;
- (4) Public opinion research;
- (5) Seminars and conferences;
- (6) Communications to the news media; and,
- (7) Fundraising to carry out the purposes of the Corporation.

IV. MEMBERS

The members of the Corporation shall be the Board of Directors appointed by the incorporators and such other persons as may be selected in accordance with the By-laws. The By-laws shall describe the rights of members. No part of the net earnings of the Corporation shall inure to the benefit of, or be distributed to its members, Directors, officers or other private persons.

V. REGISTERED AGENT

The street address and city of the registered office of the Corporation is:

1736 Highland Place Tallahassee, Florida 32308

The name of the registered agent at such address is Alan Stonecipher.

VI. BOARD OF DIRECTORS AND OFFICERS

The number of persons constituting the Board of Directors of the Corporation shall be not less than three. Directors shall be elected or appointed, or serve ex-officio in accordance with the By-laws of the Corporation. The By-laws may also provide for the selection of such officers as are deemed necessary or desirable.

VII. INDEMNIFICATION OF OFFICERS AND DIRECTORS

All officers and directors of this Corporation shall be indemnified by the Corporation against all expenses and liabilities, including attorney's fees (including appellate proceedings) reasonably incurred in connection with any proceeding or settlement thereof in which they may become involved by reason of holding such office as provided in the By-laws. The Corporation may purchase and maintain insurance on behalf of all officers and directors against any liability asserted against them or incurred by them in their capacity as officers and directors or arising out of their status as such.

VIII. NON-STOCK BASIS

This Corporation is organized on a non-stock basis.

IX. **DISSOLUTION**

In the event of dissolution, the residual assets of the Corporation will be turned over to one or more organizations which themselves are exempt as organizations described in Section 501(c) of the Internal Revenue Code of 1954, as amended, or corresponding sections of any prior or future law, or to the federal, state or local government for exclusively public purposes.

X. INCORPORATORS

The names and addresses of the incorporators of this Corporation are as follows:

Alan Stonecipher 1736 Highland Place Tallahassee, Florida 32308 Linda Shelley 3018 South Shore Circle Tallahassee, Florida 32312

Loranne Ausley 826 Washington Street Tallahassee, Florida 32303

ALAN STONECIPHE

Incorporator

STATE OF FLORIDA COUNTY OF LEON

The foregoing instrument was acknowledged before me on this 7th day of December, 2002, by Alan Stonecipher, who is personally known to me <u>OR</u> who has produced a valid Florida Driver's License as identification (strike through one).

NOTARY PUBLIC

Notary:

Brenda G. Mitchell
MY COMMISSION # CC986559 EXPIRES

My Commission Expires:

LINDA SHELLEY
Incorporator

STATE OF FLORIDA COUNTY OF LEON

The foregoing instrument was acknowledged before me on this _____ day of December, 2002, by Linda Shelley, who is personally known to me <u>OR</u> who has produced a valid Florida Driver's License as identification (strike through one).

NOTARY PUBLIC

Notary:

Brenda G. Mitchell
MY COMMISSION # CC986559 EXPIRES
December 7, 2004
TE (Dright print) INOY FAIN INSURANCE INC.

My Commission Expires:

LORANNE AUSLEY

Incorporator

STATE OF FLORIDA COUNTY OF LEON

The foregoing instrument was acknowledged before me on this 13⁴ day of December, 2002, by Loranne Ausley, who is personally known to me OR who has produced a valid Florida Driver's License as identification (strike through one).

NOTARY PUBLIC

Notary:

Judy L. McKee

PRINTED NAME

My Commission Expires:

JUDY L. MCKEE
MY COMMISSION # CC 923597
EXPIRES: June 16, 2004
Soncied Thru Notary Public Underwriters

ACCEPTANCE BY REGISTERED AGENT

Having been named to accept service of process for the above-stated corporation, at the place designated in these articles of incorporation, I hereby agree to act in this capacity, and I agree to comply with the provisions of Section 48.091, <u>Florida Statutes</u> relative to keeping open said office for service of process.

ALAN STONECIPHER Registered Agent

Date: January 1, 200