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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2011 JUN 30 PM 3:56

for 7/1/11

## COVER LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: Florida CURE Incorporated  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee &  
Certificate of  
Status

☒ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

FROM: Patrick Finn-Schultz  
Name (Printed or typed)

2143 Ernest Street  
Address

Jacksonville FL 32204  
City, State & Zip

904-861-7659  
2143 Ernest Street Telephone number

magoo41@hotmail.com  
E-mail address: (to be used for future annual report notification)

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**NOTE: Please provide the original and one copy of the articles.**

**ARTICLES OF INCORPORATION**  
in compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be:

**Florida CURE Incorporated**

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DIVISION OF CORPORATION

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
2143 Ernest Street  
Jacksonville, FL 32204

Mailing address, if different:  
P.O. Box 40934  
Jacksonville FL 32203

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**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Florida CURE is dedicated to creating a more just society through criminal justice reform. Our goals are to ensure jails and prisons are used only for those who must be incarcerated and that prisoners and communities have all the resources they need to move forward with full lives. FL-CURE will achieve these goals through efforts of legislative advocacy, community empowerment, and campaigns of awareness.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed:

Potential board members (maximum of 12) are recommended and approved by the standing board and Regional Coordinators (4) for a renewable term of 2 years. Coordinators of the four regions are appointed by the board for an indefinite term, until being replaced by the board or standing down.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Patrick Finn-Schultz: Coordinator Region II  
Address: 2143 Ernest Street  
Jacksonville FL 32204

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: Amy Pulella: Coordinator Region IV  
Address: 4325 16th Street NE  
Naples, FL 34120

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: Paul Kruger: Board Member  
Address: 132 Park Avenue  
Interlachen FL 32148

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is.

Name: Patrick Finn-Schultz  
Address: 2143 Ernest Street  
Jacksonville, FL 32204

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Patrick Finn-Schultz  
Address: 2143 Ernest Street  
Jacksonville, FL 32204

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity:

  
\_\_\_\_\_  
Required Signature of Registered Agent

6-27-11  
\_\_\_\_\_  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

  
\_\_\_\_\_  
Required Signature of Incorporator

6-27-11  
\_\_\_\_\_  
Date