

N13000008000

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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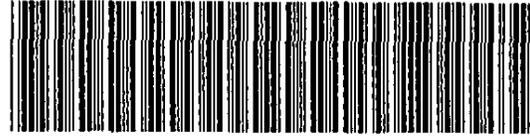
(Business Entity Name)

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TALLAHASSEE, FLORIDA

h 09/09/13

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

ARTICLE I NAME

The name of the corporation shall be: F.L.I.P.F.L.O.P. Support Groups Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
1910 NW 24th Court
Ocala, FL 34475

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

1. Provide peer to peer support for families of those incarcerated.
2. Facilitate family to inmate support, relationship reparation and promote family reunification.
3. Provide networking opportunities & socialization skills for the families of incarcerated individuals
4. Organize and participate in activities to reduce recidivism & the generational cycle of imprisonment.
5. Establish & promote awareness, educate the community and advocate on behalf of the families of incarcerated individuals.
6. Promote legislation to prevent discrimination against families of incarcerated individuals.

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

Directors will be elected upon receipt of written application by a majority vote.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

| | | | |
|-----------------|--|-----------------|------------------------|
| Name and Title: | <u>Jacalyn Brown</u> | Name and Title: | <u>President , CEO</u> |
| Address: | <u>190 NW 24th Court</u> <u>Ocala, FL 34475</u> | Address: | <u></u> |

| | | | |
|-----------------|---|-----------------|-----------------|
| Name and Title: | <u>Constance Belvin</u> | Name and Title: | <u>Director</u> |
| Address: | <u>1905 NW 24th Court</u> <u>Ocala, FL 34475</u> | Address: | <u></u> |

| | | | |
|-----------------|--|-----------------|-----------------|
| Name and Title: | <u>Sylvia Jackson</u> | Name and Title: | <u>Director</u> |
| Address: | <u>717 SW MLK Jr. Ave.</u> <u>Ocala, FL 34474</u> | Address: | <u></u> |

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Name and Title: Lynda Spence

Address: 1575 NE 8th ST.

Ocala, FL 34470

Name and Title: Director

Address: _____

Name and Title: Gwendolyn Randall

Address: 1314 SE 17th Drive

Gainesville, FL 32641

Name and Title: Director

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Jacalyn A. Brown

Address: 1910 NW 24th Court

Ocala, FL 34475

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jacalyn A. Brown

Address: 1910 NW 24th Ct.

Ocala, FL 34475

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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

Jacalyn A. Brown
Required Signature of Registered Agent

8/15/13
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.

Jacalyn A. Brown
Required Signature of Incorporator

8/15/13
Date