

# N13000008000

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

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

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

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

☐

PICK-UP

☐

WAIT

☐

MAIL

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

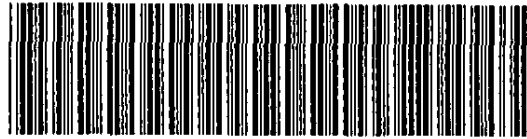
\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800251245068

09/03/13--01022--002 \*\*87.50

FILED  
13 SEP -3 AM 8:58  
SECRETARY OF STATE  
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>	Address:	<u></u>
	<u>Ocala, FL 34475</u>		<u></u>

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

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

13 SEP -3 AM 8:58

FILED

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

FILED  
13 SEP -3 AM 8:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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