N14000007080

(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:
JUL 3 0 2014
A. DUNLAR

Office Use Only



600262303386

07/16/14--01017--010 **87.50

THE BEOWERS STATES

SECRETAIN OF STATE

COVER LETTER

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

SUBJECT: Carlton B. Moore Freedom Foundation, Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original a	nd one (1) copy of the Ar	ticles 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 CO	PY REQUIRED

FROM:	Delores McKinley
110111	Name (Printed or typed)
	1630 NW 26 Terrace
	Address
	Ft. Lauderdale, FL 33311
	City, State & Zip
	954-485-6896
	Daytime Telephone number
	DYMCK@yahoo.com
i	E-mail address: (to be used for future annual report notification)

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

RECT ID

14 JUL 28 PH 4:09

TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 18, 2014

SECre. i.e.

DELORES MCKINLEY 1630 NW 26 TERRACE FT. LAUDERDALE, FL 33311

SUBJECT: CARLTON B. MOORE FREEDOM FOUNDATION, INC.

Ref. Number: W14000044233

We have received your document for CARLTON B. MOORE FREEDOM FOUNDATION, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Bylaws are not filed with this office. Please retain them for your records.

The purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the non profit corporation is being organized.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Carol Mustain Regulatory Specialist II

Letter Number: 814A00015467

14 JUL 28 PN 1:07

ARTICLES OF INCORPORATION

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

ARTICL The name	of the corporation shall be: Carlton B M	oore Freed	lom Foundation, Inc	
ARTICL	E II PRINCIPAL OFFICE			
	Principal <u>street</u> address: 1630 N W 26 Terrace		Mailing address, if different is:	
-	Ft. Lauderdale, FL 33311			
	se for which the corporation is organized is:		able and educational services to the commun	
and e	xcessive sentencing.			
ARTICL	rs will elect the Board, based upon E V INITIAL OFFICERS AND/OR D	active memb	·	of
	Rebecca Jones, President 20638 N E 7 Court		Afrah Hamin, Secretary 6801 N W 12 Street	
Address	Miami, FL 33179	_ Address: _	Plantation, FL 33313	
Name and	Title: Forrest G. Moore, Vice President	– t _ Name and Title	Delores Y. McKinley	
Address	1761 N W 28 Avenue	_ Address:	1630 N W 26 Terrace	
	Ft. Lauderdale, FL 33311		Ft. Lauderdale, FL 33311	
Name and	Title: Ernestine Williams, Parliamentarian	- Name and Title	SECRE	
Address	20613 N E 6 Court	_ Address:	ASS	<u> </u>
	Miami, FL 33179	-		TI J

Address Address: Name and Title: Address Address: Address: ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Delares Y. McKinley Address: I 630 NW 26 Terv. Ft. Lauderdale, FL 333 V	1			<i>P</i>	_
Name and Title: Address: Address: Address: Address: Address: Address: Address: Address: Name: Delares Y. McKinley Address: Ic30 NW 26 Terr. Ft. Lauderdale FL 3331/ ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Follest Mark Address: If Norporator is: Name: Follest Mark Ft. Lawrendard FC 333// Having been named as registered agent to accept service of process for the above stated corporation at the place design certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Ballons J. M. Kinley Foquired Signature of Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in	Name and Title:_		Name and Title:		S
Name and Title: Address: Name: Delores Y, McKinley Address: I 630 NW 26 Terr, Fl. Laudendale, FL 333 II ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Follos More Address: Address: I 76 NW 28 B AB Fet ANDERORUS, FC 333 II Having been named as registered agent to accept service of process for the above stated corporation at the place design certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Allow II. Maley Required Signature of Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in	Address		Address:		
Name and Title: Address: Name: Delores Y, McKinley Address: I 630 NW 26 Terr, Fl. Laudendale, FL 333 II ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Follos More Address: Address: I 76 NW 28 B AB Fet ANDERORUS, FC 333 II Having been named as registered agent to accept service of process for the above stated corporation at the place design certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Allow II. Maley Required Signature of Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in	_			·	····
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Delores Y. McKinley Address: 1630 NW 26 Terr. Ft. Laudendale, FL 3331/ ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Folts T. Moore Address: 1761 NW 2844 NS Ft. LAWDSORTES FC 333// Having been named as registered agent to accept service of process for the above stated corporation at the place design certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Allow Y. McLinley Gequired Signature of Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that any fake information submitted in					
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Delores Y. McKinley Address: 1630 NW 26 Terr. Ft. Laudendale, FL 3331/ ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Folts T. Moore Address: 1761 NW 2844 NS Ft. LAWDSORTES FC 333// Having been named as registered agent to accept service of process for the above stated corporation at the place design certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Allow Y. McLinley Gequired Signature of Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that any fake information submitted in	Name and Title:		Name and Title:		•
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Delores Y. McKinley Address: 1630 NW 26 Terr. Ft. Lauderdale, FL 333 // ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Follest Mode Address: 1761 NW 2845 Ave Ft. Lawbronkus FC 333 // Having been named as registered agent to accept service of process for the above stated corporation at the place design certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Allow Y. McKinley Fequired Signature of Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in					
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Delores Y, McKinley Address: IG30 NW 26 Terr, Ft. Lauderdale, FL 333/ ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Folden More Address: The Nove 28th Are Ft. Another May FC 338/ Having been named as registered agent to accept service of process for the above stated corporation at the place design certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Allney Y. M. Kinley Gequired Signature of Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in	Address		Address:		
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Delores Y, McKinley Address: IG30 NW 26 Terr, Ft. Lauderdale, FL 333/ ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Folden More Address: The Nove 28th Are Ft. Another May FC 338/ Having been named as registered agent to accept service of process for the above stated corporation at the place design certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Allney Y. M. Kinley Gequired Signature of Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in					
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Delores Y, McKinley Address: IG30 NW 26 Terr, Ft. Lauderdale, FL 333/ ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Folden More Address: The Nove 28th Are Ft. Another May FC 338/ Having been named as registered agent to accept service of process for the above stated corporation at the place design certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Allney Y. M. Kinley Gequired Signature of Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in					
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Delores Y, McKinley Address: IG30 NW 26 Terr, Ft. Lauderdale, FL 333/ ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Folden More Address: The Nove 28th Are Ft. Another May FC 338/ Having been named as registered agent to accept service of process for the above stated corporation at the place design certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Allney Y. M. Kinley Gequired Signature of Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in	•				
Name: Delares Y. McKinley Address: 1630 NW 26 Terr. Ft. Laudendale, FL 3331/ ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Follest Model Address: 1761 NW 2843 Ave Ft. Lawbourtes, FC 3331/ Having been named as registered agent to accept service of process for the above stated corporation at the place design certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Allow y. McLinley Required Signature of Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in	ARTICLE VI				
Address: 1630 NW 26 Terr. Ft. Landerdale, FL 333 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: FOLEST MORE Address: T6 NW 28± A/8 Ft. ANDERORUE, FC 333 Having been named as registered agent to accept service of process for the above stated corporation at the place design certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Allner Y. M. Ly Required Signature of Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in	The name and Flo			ent is:	
Address: 1630 NW 26 Terr. Ft. Landerdale, FL 333 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: FOLEST MORE Address: T6 NW 28± A/8 Ft. ANDERORUE, FC 333 Having been named as registered agent to accept service of process for the above stated corporation at the place design certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Allner Y. M. Ly Required Signature of Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in	Name:	Delores Y. Mck	<u> </u>		
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: FOLLEST MODE Address: THO NO RE Address: FL 333// Having been named as registered agent to accept service of process for the above stated corporation at the place design certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Allow Y. M. Kuley Gequired Signature of Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in	Address:	1630 NW 26 Te	erv.		
The name and address of the Incorporator is: Name: FOLEST MORE Address: THO NW 28th A/B Ft ANDERONE FC 338// Having been named as registered agent to accept service of process for the above stated corporation at the place design certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Allney J. M. K. Jey Fequired Signature of Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in		Ft. Lauderdale.	FL 33311		
Name: FOLGET MODE Address: THE ANDERNALE FC 338// Having been named as registered agent to accept service of process for the above stated corporation at the place design certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Allney J. M. Kinley Required Signature of Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in					
Name: FOLEST MORE Address: T401 NW 2845 AVE Ft ANDERNAUS, FC 338// Having been named as registered agent to accept service of process for the above stated corporation at the place design certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Allows 4. McKinley Gequired Signature of Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in	ARTICLE VII				
Address: The LANDBURGE FC 338// Having been named as registered agent to accept service of process for the above stated corporation at the place design certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Allrey J. M. Kinley Gequired Signature of Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in	The <u>name and ad</u>	·	Ø₽		
Having been named as registered agent to accept service of process for the above stated corporation at the place design certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Allred H. M. Chilly 1/8/2014 Gequired Signature of Registered Agent Date I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in	Name:	POLITS) MOO	<u>ko</u>		
Having been named as registered agent to accept service of process for the above stated corporation at the place design certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Allie	Addross:	1761 NW 28=	2 H/B		
Having been named as registered agent to accept service of process for the above stated corporation at the place design certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Allie	Addiess.	Ft (ANDROAM R	F(.338//		
certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Allney Tequired Signature of Registered Agent Date	Address.	1 3 41 3 3 1 1 1 3			
Allres 4. Mc Linley Gequired Signature of Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in		•	•		
I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in	Having been nan	ned as registered agent to accept ser	rvice of process for the above	stated corporation at t ree to act in this capaci	the place designa ty
I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in	Having been nan certificate, I am fo	ned as registered agent to accept ser nmiliar with and accept the appointm	rvice of process for the above nent as registered agent and agi	ree to act in this capaci	ty
	Having been nan certificate, I am fo	ned as registered agent to accept ser nmiliar with and accept the appointm	rvice of process for the above nent as registered agent and agi	ree to act in this capaci	ty
1/8/201	Having been nan certificate, I am fo	ned as registered agent to accept ser umiliar with and accept the appointm Mey U. M. Linley Required Signature of Regis	rvice of process for the above and agramment as registered agent and agramment as tered Agent	ree to act in this capaci	ty 1 <u>/8/20/4</u> Date