

# **EXHIBIT LL**

**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME**

The name of the corporation shall be:

**Victims Refuse Silence, Inc.****ARTICLE II PRINCIPAL OFFICE**Principal street address:

425 North Andrews Ave.

Mailing address, if different is:

Suite 2

Fort Lauderdale, FL 33301

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Victims Refuse Silence, Inc. is organized exclusively for charitable and educational purposes including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code. The corporation is organized to provide assistance to victims of sexual abuse as well as victims of human trafficking. Upon the dissolution of Victims Refuse Silence, Inc., assets shall be distributed for one or more exempt purpose within the meaning of section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: The manner in which the directors are elected or appointed is provided in the bylaws of the Corporation.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Virginia Roberts, Director

Name and Title:

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SEARCHED INDEXED SERIALIZED FILED

Address: 425 North Andrews Ave.

Address:

Suite 2

Fort Lauderdale, FL 33301

Name and Title: Bradley J. Edwards, Director

Name and Title:

Address: 425 North Andrews Ave.

Address:

Suite 2

Fort Lauderdale, FL 33301

Name and Title: Brittany N. Henderson, Director

Name and Title:

Address: 425 North Andrews Ave.

Address:

Suite 2

Fort Lauderdale, FL 33301

FILED

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

**Address** \_\_\_\_\_ **Address:** \_\_\_\_\_

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

**Address:** \_\_\_\_\_ **Address:** \_\_\_\_\_

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**ARTICLE VI      REGISTERED AGENT**

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

Name: Bradley J. Edwards  
Address: 425 North Andrews Ave., Suite 2  
Fort Lauderdale, FL 33301

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**ARTICLE VII INCORPORATOR**

**The name and address of the Incorporator is:**

Name: Brittany N. Henderson  
Address: 425 North Andrews Ave., Suite 2  
Fort Lauderdale, FL 33301

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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*

Proposed by the Committee on the Environment

12-17-14

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 § 817.155, E.S.*

Required Signature of Incorporator

12/17/14

Date

DOCUMENT# N14000011657

Secretary of State

Entity Name: VICTIMS REFUSE SILENCE, INC.

CC7801725405

**Current Principal Place of Business:**425 NORTH ANDREWS AVE., SUITE 2  
FORT LAUDERDALE, FL 33301**Current Mailing Address:**425 NORTH ANDREWS AVE., SUITE 2  
FORT LAUDERDALE, FL 33301**FEI Number: 47-2627774****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**EDWARDS, BRADLEY J  
425 NORTH ANDREWS AVE., SUITE 2  
FORT LAUDERDALE, FL 33301 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

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Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRESIDENT, DIRECTOR	Title	VP, DIRECTOR
Name	GIUFFRE, VIRGINIA L	Name	GARVIN, MARGARET A
Address	425 NORTH ANDREWS AVE., SUITE 2	Address	425 NORTH ANDREWS AVE., SUITE 2
City-State-Zip:	FORT LAUDERDALE FL 33301	City-State-Zip:	FORT LAUDERDALE FL 33301
Title	SECRETARY, DIRECTOR		
Name	HENDERSON, BRITTANY N		
Address	425 NORTH ANDREWS AVE., SUITE 2		
City-State-Zip:	FORT LAUDERDALE FL 33301		

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE: BRITTANY N HENDERSON****DIRECTOR****04/22/2015**

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Electronic Signature of Signing Officer/Director Detail

Date

GIUFFRE001065