

F16000003691

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

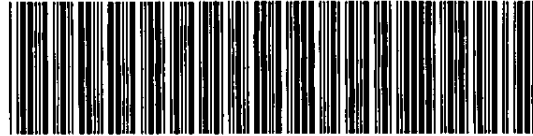
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ChaplainUSA Incorporated  
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

David Dierks

Name of Person

ChaplainUSA

Firm/Company

P.O.Box 5339

Address

Santa Monica

California

90409

City/State and Zip Code

Contact@ChaplainUSA.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Dierks

844

733-8167

Name of Person

at ( )  
Area Code

Daytime Telephone Number

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &  
Certificate of Status

☐ \$78.75 Filing Fee &  
Certified Copy

☒ \$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO  
CONDUCT ITS AFFAIRS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN  
THE STATE OF FLORIDA:*

1. ChaplainUSA Incorporated

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. TEXAS 3. 81-2614196

(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 27OCT2015 5. Perpetual

(Date of Incorporation) (Date of duration, if other than perpetual)

6. N/A

(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 1026 Santa Clara - Brownwood TEXAS 76801

(Principal office address)

P.O.Box 5339 - Santa Monica CALIFORNIA 90409

(Current mailing address, if different)

8. Education and Support of general public and law enforcement community in times of tragedy.

(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: Michael Nawalany

Office Address: 1880 North Congress Avenue #220

Boynton Beach

(City)

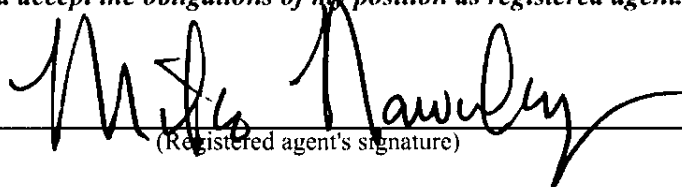
, Florida 33426

(Zip Code)

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**10. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors

**A. DIRECTORS**

Chairman: PHIL LECONTE  
1104 WEST 7TH STREET  
Address: AUSTIN TX 78703

Vice Chairman: DAVID FAIR  
1026 SANTA CLARA  
Address: BROWNWOOD TX 76801

Director: ANDREW TOOPES  
334 SYLVN CIRCLE  
Address: BOWLING GREEN KY 42101

Director: LARRY TODD  
11904 HORNSBY STREET  
Address: AUSTIN TX 78753

**B. OFFICERS**

President: PHIL LECONTE  
1104 WEST 7TH STREET  
Address: AUSTIN TX 78703

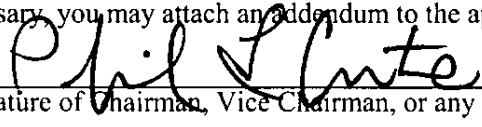
Vice President: \_\_\_\_\_  
Address: \_\_\_\_\_

Secretary: DAVID FAIR  
1026 SANTA CLARA - BROWNWOOD TX 76801  
Address: \_\_\_\_\_

Treasurer: LARRY TODD  
11904 HORNSBY STREET - AUSTIN TX 78753  
Address: \_\_\_\_\_

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**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.   
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. PHIL LECONTE - CHAIRMAN  
(Typed or printed name and capacity of person signing application)



## Office of the Secretary of State

### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for ChaplainUSA (file number 802319445), a Domestic Nonprofit Corporation, was filed in this office on October 27, 2015.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on August 09, 2016.



A handwritten signature in black ink, appearing to read "Cascos", followed by a horizontal line.

Carlos H. Cascos  
Secretary of State