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(City/State/Zip/Phone #)

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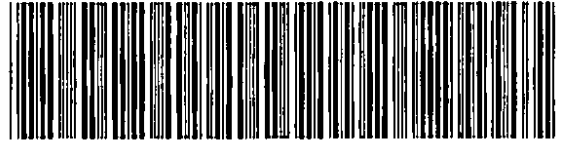
(Business Entity Name)

(Document Number)

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03/24/21--01012--017 **87.50

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2021 MAR 24 PM 4:08
SEC. OF STATE

US
4/12/21

OCASIO FINANCIAL GROUP & PARALEGAL SERVICES
21 CENTRAL PARK AVENUE
YONKERS NEW YORK 10705
914-476-7600 P
914-475-7700 F

March 18, 2021

Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee Florida 32314

Re: The United States Chaplain Organization Inc.
NYS DOS ID # 3362008
Initial DOS Filing Date May 15, 2006

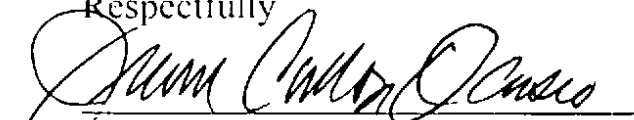
Dear Document Review Manager

Attached please the application for authorization to conduct affairs in Florida.

We have also attached the certification from the NYS Department of State certificate of good standing for the above identified not for profit.

We have attached the appropriate fee of 87.50

Respectfully


Chaplain Rev. Juan Carlos Ocasio

cc Rev Dr Jose Torres, President
753 East 151st Street #1E
Bronx NY 10455

Chaplain Benjamin Gonzalez
6548 Pershing Avenue
Orlando Florida 32822

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2021 MAR 24 PM 4:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE UNITED STATES CHAPLAIN ORGANIZATION, INC
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:

REVEREND JUAN CARLOS OCASIO

Name of Person

OCASIO FINANCIAL GROUP & PARALEGAL SERVICES

Firm/Company

21 CENTRAL PARK AVENUE

Address

YONKEERS N.Y. 10705

City/State and Zip Code

ocasiofinancialgroup@gmail.com

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

For further information concerning this matter, please call:

JUAN CARLOS OCASIO

Name of Person

at (914) 476-7600

Area Code

Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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. THE UNITED STATES CHAPLAIN ORGANIZATION, INC

(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. NEW YORK 3. 86-2438978
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. MAY 15, 2006 5. _____
(Date of Incorporation) (Date of duration, if other than perpetual)

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

7. 751 EAST 151ST Street # 1E BRONX N.Y. 10455
(Principal office street address)

(Current mailing address, if different)

8. CHAPLAIN ORGANIZATION
(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)

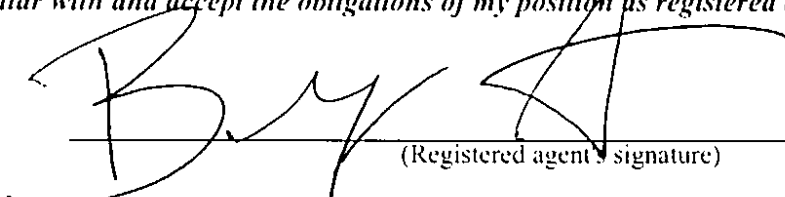
Name: CHAPLAIN BENJAMIN GONZALEZ

Office Address: 6548 PERSHING AVENUE

ORLANDO, Florida 32822
(City) (Zip Code)

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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

☐ Chairman Name: REV DR JOSE TORRES
☐ Vice Chairman Address: 753 EAST 151ST STREET 1E
☐ Director BRONX NY 10455
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: REVDR JEFFREY OMO-OSAGI
☐ Vice Chairman Address: 1468 NOTTINGHAM WAY # 1
☐ Director HAMILTON TOWNSHIP NJ 08609
☐ President _____
☒ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

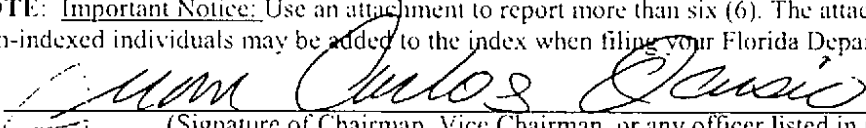
☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: REV JUAN CARLOS OCASIO
☐ Vice Chairman Address: 2245 BARKER AVE # 5D
☒ Director BRONX N.Y. 10467
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: MIN MELISSA FIGUEROA
☐ Vice Chairman Address: 80 RIVERDALE AVE APT 5B
☐ Director YONKEERS N.Y. 10709
☐ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

NOTE: Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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

14. REVEREND JUAN CARLOS OCASIO
(Typed or printed name and capacity of person signing application)

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of THE UNITED STATES CHAPLAIN ORGANIZATION, INC. was filed on 05/15/2006, as a Not-for-Profit Corporation and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



FILED
2021 MAR 24 PM 4:08
SECRETARY OF STATE
107 N. BECHTOLD

*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 10th day of March two
thousand and twenty-one.*

Brendan C Hughes

Brendan C Hughes