

F24000002882

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

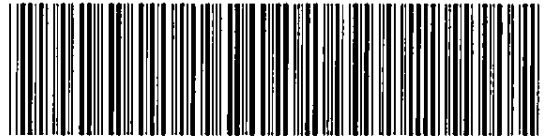
(Business Entity Name)

(Document Number)

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

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MAY 06 2024

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
24 MAY -6 PM 4:11

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Saint Michaels Army, 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:

Ashley Travers, President  
Name of Person

Saint Michaels Army, Inc  
Firm/Company

3420 S. Ocean Blvd.  
Unit 8-0  
Address

Highland Beach, FL 33487  
City/State and Zip Code

AshleyTravers@StMichaelsarmy.org  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ashley Travers at ( 636 ) 699- 6575  
Name of Person 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. Saint Michael's Army, 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.)  
Saint Michael's Army FL, Incorporated  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Missouri 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 3/22/22 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. 1410 Heritage Landing, St. Charles, MO 63303  
(Principal office street address)

\_\_\_\_\_  
(Current mailing address, if different)

8. To raise funds for Police families in need.  
(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)

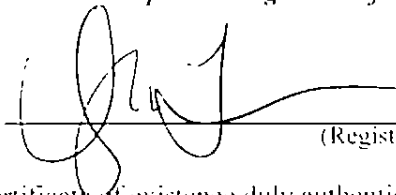
Name: Ashley Travers

Office Address: 3420 S. Ocean Blvd.

Highland Beach, Florida 33487  
(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.

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DIVISION OF CORPORATIONS  
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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: Ashley Travers  
☐ Vice Chairman Address: 3420 S. Ocean Blvd.  
☐ Director Unit 8-0  
☒ President Highland Beach, FL  
☐ Vice President 33487  
☐ Secretary ☐ Treasurer  
☐ Other:                      ☐ Other:                     

☐ Chairman Name: Bryan Travers  
☒ Vice Chairman Address: 3420 S. Ocean Blvd.  
☐ Director Unit 8-0  
☐ President Highland Beach, FL  
☒ Vice President 33487  
☐ Secretary ☐ Treasurer  
☐ Other:                      ☐ Other:                     

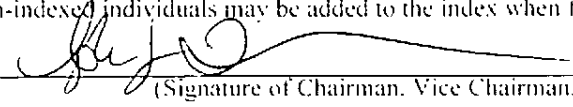
☐ Chairman Name: Randy Lancaster  
☐ Vice Chairman Address: 6248 Ranchwood Dr.  
☐ Director Leke Worth, FL  
☐ President 33467  
☐ Vice President                       
☒ Secretary ☐ Treasurer  
☐ Other:                      ☐ Other:                     

☐ Chairman Name: Candice Johnson  
☐ Vice Chairman Address: 1446 NW 34th Way  
☐ Director Lauderhill, FL  
☐ President 33311  
☐ Vice President                       
☐ Secretary ☒ Treasurer  
☐ Other:                      ☐ Other:                     

☐ Chairman Name: Brandon Messina  
☐ Vice Chairman Address: 160 NE 111th St  
☒ Director Miami Shores, FL  
☐ President 33161  
☐ 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. Ashley Travers  
(Typed or printed name and capacity of person signing application)

# STATE OF MISSOURI



**John R. Ashcroft**  
**Secretary of State**

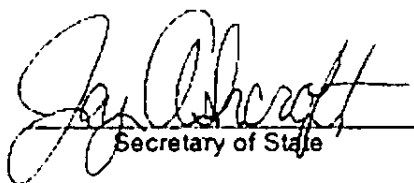
**CORPORATION DIVISION**  
**CERTIFICATE OF GOOD STANDING**

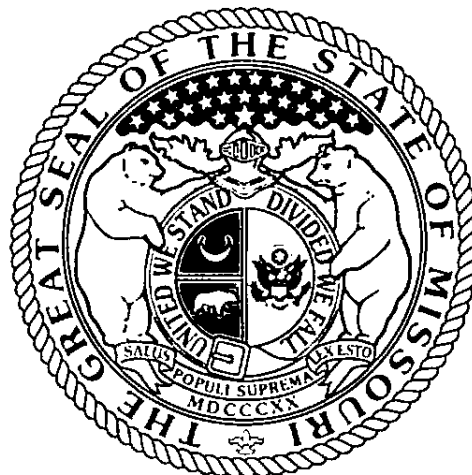
I, JOHN R. ASHCROFT, Secretary of State of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

*SAINT MICHAEL'S ARMY, INC.*  
*N001687616*

was created under the laws of this State on the 7th day of December, 2021, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri, Done at the City of Jefferson, this 30th day of April, 2024.

  
Secretary of State



Certification Number: CERT-04302024-0061