

FA41000003254

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

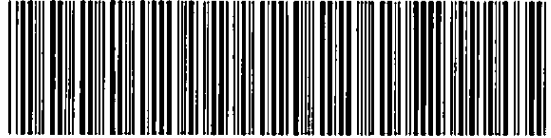
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000431145030

05/10/24--01020--004 **78.75

FILED
2024 JUN 10 PM 6:32
STATE OF MICHIGAN
CLERK OF THE COURT

T. LEMIEUX
JUN 17 2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Men's March 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:

James Havens

Name of Person

Firm/Company

1201 Business Way, Suite #1763

Address

Lehigh Acres, FL 33970

City/State and Zip Code

jimhavens@gmail.com

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

For further information concerning this matter, please call:

James Havens

Name of Person

at (585)

Area Code

690-9998

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:

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 Men's March, 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. Massachusetts

(State or country under the law of which it is incorporated)

3. 27-D917785

(FEI number, if applicable)

4. 9-15-2009

(Date of Incorporation)

5. _____

(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.)

MA: 4 Burgee LN Waterham MA 02571

7. FL: 805 Calvin Ave Lehigh Acres FL 33972

(Principal office street address)

FL MAILING: 1201 BUSINESS WAY SUITE #1763 Lehigh Acres FL 33970

(Current mailing address, if different)

8. _____
(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: James Havens

Office Address: 805 Calvin Ave

Lehigh Acres
(City)

Florida

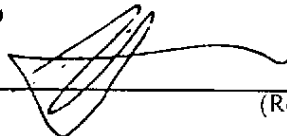
33972

(Zip Code)

FILED
2024 JUN 10 PM 6:32
CLERK OF STATE
TALLAHASSEE, FL

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: _____
☐ Vice Chairman Address: 805 CALVIN AVE
☐ Director _____
☒ President JAMES HAVENS
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: _____
☐ Vice Chairman Address: 21 DEPUT ST
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☒ Treasurer VINCENT A. ARMSTRONG
☐ Other: _____ ☐ Other: _____

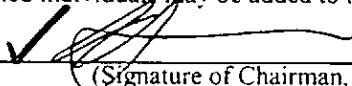
☐ Chairman Name: _____
☐ Vice Chairman Address: 61 WINTER ST.
☐ Director _____
☐ President _____
☒ Vice President JOSEPH DE PIETRO
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: _____
☐ Vice Chairman Address: 4 BURGE LN
☐ Director _____
☐ President _____
☐ Vice President VANESSA CLOUTIER
☒ Secretary / clerk ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: _____
☐ Vice Chairman Address: 23 LEDGEVIEW DR
☒ Director STEPHEN P. MURPHY
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: _____
☐ Vice Chairman Address: 14 CORY DR
☒ Director ROBERT POWILLATIS
☐ 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. JAMES HAVENS, President _____
(Typed or printed name and capacity of person signing application)



William Francis Galvin
Secretary of the
Commonwealth

The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

May 14, 2024

TO WHOM IT MAY CONCERN:

I hereby certify that

CAPE COD BUS FOR LIFE INC

appears by the records of this office to have been incorporated under the General Laws of this Commonwealth on **September 15, 2009 (Chapter 180)**.

I also certify that by Articles of Amendment filed here **March 29, 2024**, the name of said corporation was changed to

THE MEN'S MARCH INC

I also certify that so far as appears of record here, said corporation still has legal existence.



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

William Francis Galvin

Secretary of the Commonwealth



William Francis Galvin
Secretary of the
Commonwealth

The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

Date: May 21, 2024

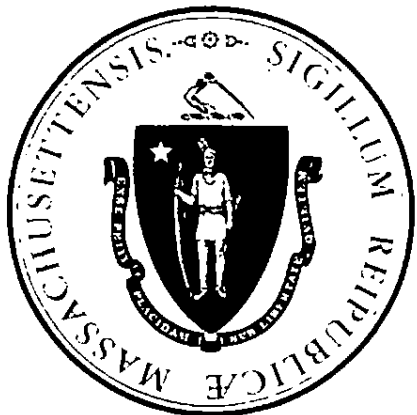
To Whom It May Concern :

I hereby certify that according to the records of this office.

THE MEN'S MARCH INC

is a domestic corporation organized on **September 15, 2009**

I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 180 section 26 A. for revocation of the charter of said corporation; that the State Secretary has not received notice of dissolution of the corporation pursuant to Massachusetts General Laws, Chapter 180, Section 11, 11A, or 11B; that said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,

I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin

Secretary of the Commonwealth

Certificate Number: 24050319480

Verify this Certificate at: <http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx>

Processed by: tad