

N24000010053

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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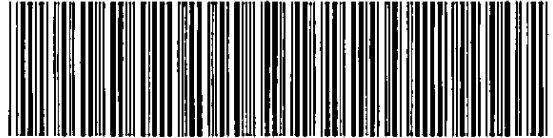
(Business Entity Name)

(Document Number)

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2024 1:30



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 30, 2024

TRAVIS DROUIN  
415 INDEPENDENCE RD BLDG #90053  
MARY ESTHER, FL 32544 US

SUBJECT: CE BOOSTER CLUB  
Ref. Number: W24000108393

We have received your document for and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

If you have any further questions concerning your document, please call (850) 245-6052.

KAIN COSTELLO  
Regulatory Specialist II  
New Filing Section

Letter Number: 524A00016846

## COVER LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: CE Booster Club

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☒ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee &  
Certificate of  
Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

FROM: Travis Drouin  
Name (Printed or typed)

415 Independence rd Bldg # 90053  
Address

Mary Esther, FL 32544  
City, State & Zip

850-884-1956  
Daytime Telephone number

travis.drouin@us.af.mil  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be: CE Booster Club Corp.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

Mailing address, if different is:

415 Independence rd. →

Mary Esther, FL 32544 →

Bldg # 90053, Hurlburt Field →

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: This is a non-profit  
organization that uses funds to promote morale  
and esprit de corps.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: Through voting

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Steven Blakeley President Name and Title: Clifton Brown - VP

Address: 415 Independence rd Address: →

Mary Esther, FL →

32544 Bldg # 90053 →

Name and Title: Egbert Gilbert - Treasurer Name and Title: \_\_\_\_\_

Address: Same as the Address: \_\_\_\_\_

president + VP

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

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

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

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

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

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

**ARTICLE VI REGISTERED AGENT**

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

Name: Travis Drouin

Address: 415 Independence rd Bldg # 90053  
Manly Esther FL, 32544

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Travis Drouin

Address: Same as above

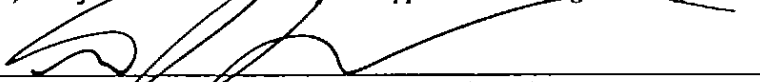
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 17 July 24 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

  
\_\_\_\_\_  
Required Signature of Registered Agent

17 July 24  
\_\_\_\_\_  
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 s.817.155, F.S.*

  
\_\_\_\_\_  
Required Signature of Incorporator

17 July 24  
\_\_\_\_\_  
Date