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(Requestor's Name)					
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T. LEMIEUX

JUN 17 2024

### **COVER LETTER**

TO:	O: Registration Section Division of Corporations					
SUBJ	ECT:	he Mer	1's March	n Inc.		
			Name of Corpo	oration – must ir	iclude suffix	
Dear S	ir or Madam:					
Affairs	in Florida", "	Certificate	of Existence", o		Status" and ch	ation to Conduct its eck are submitted to Florida.
Please	return all corr	espondence	concerning this	s matter to the fo	ollowing:	
		James	Havens	ne of Person		
			Nar	ne of Person		
			 Fir	m/Company		<u> </u>
				• •		
		1201	Business	Way, Sui	te#1763	<u> </u>
				,		
		<del></del>	<del></del>	Address		
		126:1	1.546	<u>- ۱</u>	20-0	
		Lenigh	1 AC1 CHUSH	FL 3	3970	
			•	•		
		نان	havens & o	mail. Cor	^	
	1	E-mail addr	ess: (to be used	for future annua	l report notifica	ation)
For fur	ther informati	on concerni	ing this matter,	please call:		
<u>Ja</u>	mes H	e of Person	<u> </u>	at ( <u>585</u> ) Area Code	69D- Daytime Tel	9998 cphone Number
	MAILING.		:			OURIER ADDRESS:
	Registration Division of 0		S		Registration S  Division of C	
	P.O. Box 63				Clifton Buildi	ing
	Tallahassee,	FL 32314			Tallahassee, F	ve Center Circle FL 32301
			wing amount: ORIDA DEPART	rment <b>of</b> sta	TE	
	0.00 Filing Fo	_	.75 Filing Fee &	_/	Filing Fee &	S87.50 Filing Fee,
	-		rtificate of Stati		ied Copy	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:

The Men's March, Inc.	· · · · ·		-
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or al import in language as will clearly indicate that it is a corporation instead of a natural person or partnersh	bbreviation if not s	ons of l	nke ained
import in language as will clearly indicate that it is a corporation instead of a natural person or partnershin the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporate suffix	tion.)		
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting b	usiness ir	1 Floric	ia)
Massachusetts  (State or country under the law of which it is incorporated)  (FEI number, if applicable or country under the law of which it is incorporated)			
(Date of Incorporation) 5. (Date of duration, if other than			
(Date of Incorporation) (Date of duration, if other than	n perpetu	al)	
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determ A: 4 Buryte LN Watcham MA 02571  FL: 805 Calvin Ave. Lehigh Acres FL 33972  (Principal office street address)	ermine pe	nalty li	ability.)
main burgee to wateram ma 0,511			
(Principal office street address)	<u> </u>		<del></del>
FLMAILING: 1701 Business Way Suite #1763 Lehigh Acres (Current mailing address, it different)	FL	339	7D
(Current mailing address, if different)			
	(ن:	2	
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)	۳.,	024	
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)	· i :	ک	
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	``:	<del>z.</del>	• •
		0	,
	<u>,                                    </u>	₽	
Name: James Havens	_ :		
Name: Janes Havens  ffice Address: 805 Calvin Ave	- 18 - 18 - 18	ë.	<u> </u>
Mame: James Havens  ffice Address: SDS Calvin Ave  Laborh Action 32000	STATE	6: 32	
Name: James Havens  ffice Address: <u>BDS Calvin Ave</u> Lehigh Acres , Florida 33972  (City) (City) (Zip Code)	STATE	6: 32	)

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.

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: 40	os calvin ave	□Chairman	Name: 21 DEPPT ST
	high Acres FL 33972	□Vice Chairman	Address: Lancas ter MA 03584
□Director		□Director	
President James	Havens	□President	
□Vice President		□Vice President	
□Secretary	☐Treasurer	□Secretary	Otreasurer Vincent A. Arms tri
□Other:	Other:	Other:	
□Chairman Name:	WINTER ST.	□Chairman	Name: 4 Burgee LN
□Vice Chairman Address: <u>₩</u> 1	rintham MA 02093	□Vice Chairman	Address: Wareham MA 0257
□Director		□Director	
□President	<del>.</del>	□President	
Wice President Joseph	DePietro	□Vice President	Vanessa Clouter
□Secretary	□Treasurer	Secretary / CLE	
□Other:	Other:	Other:	☐ Other:
□Chairman Name:	3 Lidgeville DE	□ Chairman	Name:
□Vice Chairman Address: A.	1350net MA 02702	□Vice Chairman	Address: Wartham MA 02571
Steph Steph	ien P. Murphy	Director	Robert POWILATIS
□President		□President	
□Vice President	<del></del> -	□Vice President	
□Secretary	□Treasurer	□Secretary	□Treasurer
□Other:	Other:	Other:	Other:
NOTE: Important Notice: Use a Non-indexed individuals may be	an attachment to report more thate added to the index when filing	in six (6). The attachment your Florida Department o	will be imaged for reporting purposes only. of State Annual Report form.
13. (Signature of	Chairman, Vice Chairman, or ar	Constitution of the constitution	12 of the application)
14. Jan	mes Havens I ed or printed name and capacity	President	



# The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02183

May 14, 2024

### TO WHOM IT MAY CONCERN:

Thereby 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,

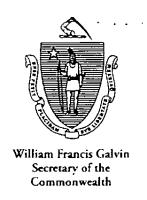
I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth

William Travin Galicin



## The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02188

Date: May 21, 2024

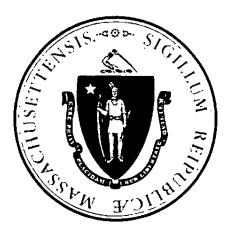
To Whom It May Concern:

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.

Secretary of the Commonwealth

William Travino Galicin

Certificate Number: 24050319480

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

Processed by: tad