

N11000011032

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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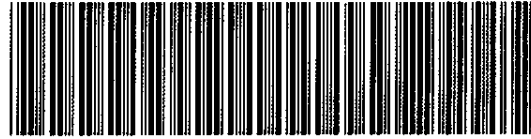
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers NOV 29 2011

## COVER LETTER

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

SUBJECT: F.A.C.E. project inc.

(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: Coleitha Banks

Name (Printed or typed)

5035 asbury parke dr. #204

Address

Lakeland, FL 33805

City, State & Zip

239-259-6051

Daytime Telephone number

coleitha.banks@yahoo.com

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

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**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.** F.A.C.E. project inc.  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address  
5035 asbury parke dr. #204  
Lakeland, FL 33805

Mailing address, if different is:  
PO Box 92269  
Lakeland, FL 33804

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To provide free financial education about budgeting, saving and retirement to local communities.

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

Directors were appointed via election

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

Name and Title: Coleitha Banks, Founder  
Address: 5035 asbury parke dr. # 204  
Lakeland, FL 33805

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

Name and Title: Antionette Bellinger  
Address: 6539 SW 18th Street #A  
Miramar, FL 33023

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

Name and Title: Sonya Pollock  
Address: 777 NW 155th Lane # 619  
Miami, FL 33169

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

**ARTICLE VI REGISTERED AGENT**

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

Name: Coleitha Banks  
Address: 5035 asbury parke dr. #204  
Lakeland, FL 33805

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Coleitha Banks  
Address: 5035 asbury parke dr. #204  
Lakeland, FL 33805

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TALLAHASSEE, FLORIDA

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

11/21/2011  
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

11/21/2011  
Date