

N13000003630

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

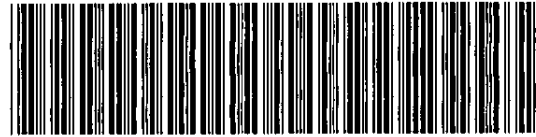
(Business Entity Name)

(Document Number)

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

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04/08/13--01045--007 \*\*70.00

WB-20609

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

13 APR 15 PM 4:15

FILED

15 APR 16 2013

*Pushed*

## COVER LETTER

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

SUBJECT: Face It Athletics Marketing & Media Group 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: Thomas Benjamin  
Name (Printed or typed)

2074 Polo Gardens Dr Suite103  
Address

Wellington, Fl 33414  
City, State & Zip

786-718-4647  
Daytime Telephone number

FIABASKETBALL@YAHOO.COM  
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 9, 2013

THOMAS BENJAMIN  
2074 POLO GARDENS DR STE 103  
WELLINGTON, FL 33414

SUBJECT: FACE IT ATHLETICS MARKETING & SPORTS MANAGEMENT  
GROUP INC.  
Ref. Number: W13000020609

We have received your document for FACE IT ATHLETICS MARKETING & SPORTS MANAGEMENT GROUP INC. 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 purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the non profit corporation is being organized.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Tim Burch  
Regulatory Specialist II  
New Filing Section

Letter Number: 013A00008290

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

**ARTICLE I    NAME**

The name of the corporation shall be: FACE IT ATHLETICS MARKETING & MEDIA GROUP INC

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address:  
2074 Polo Garden Dr Suite 103  
Wellington, Fl 33414

Mailing address, if different is:

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TALLAHASSEE, FLORIDA

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

Face It Athletics marketing & Media Group is a non-profit organization dedicated to community uplift. Our mission is to provide opportunities for youth and adult empowerment by facilitating inter-generational education, communication and recreation.

Our goal is to assist in empowering the surrounding communities and help assist them at no cost with educational outreach programs.

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

Directors were elected by way of staff voting .

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

Name and Title: Thomas Benjamin Pre  
Address: 2074 Polo Gardens Dr  
Suite 103, Wellington Fl, 33414

Name and Title: Thomas Benjamin VP  
Address: 2074 Polo Gardens Dr  
Suite 103 Wellington, Fl 33414

Name and Title: Thomas Benjamin Sec  
Address: 2074 Polo Gardens Dr Suite 103  
Wellington, Fl 33414

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

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

Name and Title: \_\_\_\_\_  
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: Thomas Benjamin  
Address: 2074 Polo Gardens Dr Suite 103  
Wellington, FL 33414

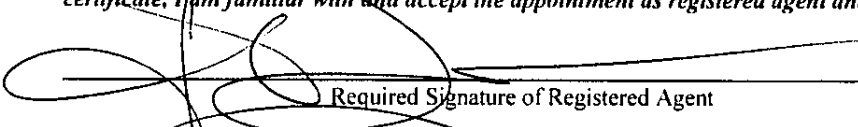
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Thomas Benjamin  
Address: 2074 Polo Gardens Dr  
Suite 103 Wellington, FL 33414

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TALLAHASSEE, FL

*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

04/10/2013

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

04/10/2013

Date