

A16000009618

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

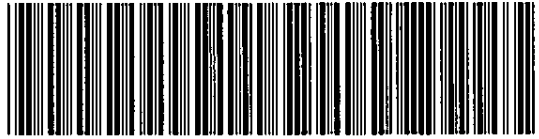
(Business Entity Name)

(Document Number)

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16 SEP 30 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 SEP 30 AM 9:35

APPROVED
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COVER LETTER

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

SUBJECT: Faithoops Foundation 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: David Morrison
Name (Printed or typed)

2855 Apalachee Pkwy Apt 219E
Address

Tallahassee, FL 32301
City, State & Zip

850-210-2799 / 850-688-5660
Daytime Telephone number

dm.davemorrisson@gmail.com
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: Faithoups Foundation Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

2355 Apalachee Pkwy

Apt 213E

Tallahassee, FL 32301

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Develop a Community Outreach fellowship for young males in the Tallahassee area. Our main goal is to use basketball as a way to engage and encourage male youths to have more faith in God. By having annual basketball tournaments, we believe we can motivate many of our male youths who may have lost faith in God and belief in themselves.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: By the President/CEO

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: David Morrison - President/CEO Name and Title: _____

Address: 2355 Apalachee Pkwy Address: _____
Apt 213E
Tallahassee, FL 32301

Name and Title: Nicola Reeves-Morrison - President/COO Name and Title: _____

Address: 2355 Apalachee Pkwy Address: _____
Apt 213E
Tallahassee, FL 32301

Name and Title: Eric Jackson - VP Name and Title: _____

Address: PO Box 669 Address: _____
Quincy, FL
32353

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 SEP 30 AM 9:36

APPROVAL
FILED

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: David Morrison

Address: 2855 Apalachee Pkwy Apt 219C
Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: David Morrison

Address: 2855 Apalachee Pkwy Apt 219C
Tallahassee, FL 32301

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: September 26, 2016 (OPTIONAL)

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

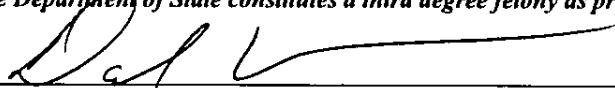


Required Signature of Registered Agent

9-30-16

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

9-30-16

Date