

N17000001961

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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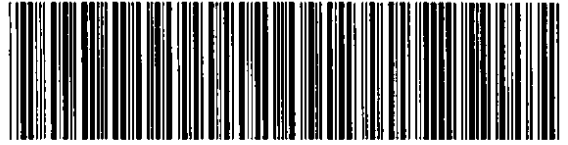
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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*K 02/22/17*

# COVER LETTER

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

**SUBJECT:** FACE IT ATHLETICS 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 SUITE 103  
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.**

**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 MEDIA GROUP INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
2074 POLO GARDENS DR SUITE 103  
WELLINGTON, FL 33414

Mailing address, if different is \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: A NON-PROFIT  
ORGANIZATION DEDICATED TO COMMUNITY UPLIFT. OUR MISSION, IS TO PROVIDE OPPORTUNTIES FOR YOUTH  
AND ADULTS EMPOWERMENT BY FACILITING INTER-GENERATIONAL EDUCATION, COMMUNICATION AND  
RECREATION.

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


**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (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.)

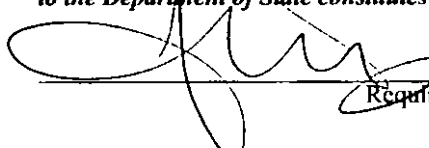
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

02/13/2017  
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

02/13/2017  
Date