# 19000003745

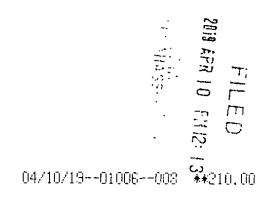
| (                                       | Requestor's Name)  |        |  |  |
|---|--|--------|--|--|
|   | Address)   |        |  |  |
| (                                       | Address)   |        |  |  |
| (City/State/Zip/Phone #)                |  |        |  |  |
| PICK-UP                                 | ☐ WAIT   | MAIL   |  |  |
| (Business Entity Name)                  |  |        |  |  |
| (Document Number)                       |  |        |  |  |
| Certified Copies                        | Certificates of S  | Status |  |  |
| Special Instructions to Filing Officer: |  |        |  |  |
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# FILING CANCELLED DUE TO RETURNED CHECK

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To Committee

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### **COVER LETTER**

# FILING CANCELLED DUE TO RETURNED CHECK

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

| ECT:                  | (PROPOSED CORPO                              | DRATE NAME - MUST INC                               | CLUDE SUFFIX)                                      |
|-----------------------|--|---|--|
| osed is an original a | nd one (1) copy of the Art                   | icles of Incorporation and                          | a check for:                                       |
| \$70.00<br>Filing Fee | ☐ \$78.75 Filing Fee & Certificate of Status | □\$78.75 Filing Fee & Certified Copy                | □ \$87.50 Filing Fee, Certified Copy & Certificate |
|                       |  | ADDITIONAL CO                                       | OPY REQUIRED                                       |
| FROM:                 | 1a Cora<br>2344 Tu                           | Hards ford me (Printed or typed)  SCAVILLA  Address | ewd  |
|                       | Tallahas<br>850 50                           | SSee 7 7 7 City, State & Ap 1                       | 32312<br>-   |
|                       | Cora a h                                     | Cora and Cor  | npant. Com   |

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

## FILING CANCELLED ARTICLES OF INCORPORATION In compliance with Chapter 617, F.S., (Not for Profit) The compliance with Chapter 617, F.S., (Not for Profit) The compliance with Chapter 617, F.S., (Not for Profit) The compliance with Chapter 617, F.S., (Not for Profit) The compliance with Chapter 617, F.S., (Not for Profit)

| The name of the corporation shall be: Faith Ballers Inc.   |
|--|
| ARTICLE II PRINCIPAL OFFICE  |
| Principal street address: Mailing address, if different is:  |
| 2344 Tuscavilla Road P.O. Box Let  |
| Tallahassee, 7 32312 Tallahassee, Fg. 32302  |
| The purpose for which the corporation is organized is: Event Consulting & Planning  For all Sporting events:                             |
|  |
| PR T   |
|  |
| ω ·  |
| MELLIN MANNER OF ELECTION The manner in which the directors are elected and appointed: By a melling and votres                           |
| Name and Title: LaCora Hards loid (EC Name and Title: Lowis Laids ford, Narrager   |
| Address POBOX 61 Address: POBOX 61  Tailahasses 7 37302 Tallahasses 52 37302   |
|  |
| Name and Title: Christopher B. Levens Jr President La Corry B Lovens - Vice President Name and Title: La Corry B Lovens - Vice President |
| Address POBox Cel Address: POBox Cel Tallahasser fr 32302  |
|  |
| Name and Title: Tember   . Notchell, Screta Name and Title:  |
| Address 10 100 61 Address:  Tallalasser 12. 32302  |
|  |

# FILING CANCELLED DUE TO RETURNED CHECK

| Name and Title: DUI   | E TO RETURNED CHECK   |  |
|---|---|--|
| Address   | Address:  | · · · · · · · · · · · · · · · · · · ·  |
|   |   |  |
|   |   | <del></del>  |
| Name and Title:   | Name and Title:   |  |
| Address   | Address:  |  |
|   |   | <u> </u>   |
|   |   |  |
| ARTICLE VI REGISTERED AGE   | 'N'T  |  |
| The name and Florida street address   | (P.O. Box NOT acceptable) of the registered age   |  |
| Name: La Cora   | Handsford   | Road   |
| Address:  | Handstord<br>-2344 Tuxaville<br>hasser fil 32312  | 2015   |
| <u>- alla</u>   | hasser 1 3231/  | APR.   |
| ARTICLE VII INCORPORATOR  |   | 2019 APR 10 T  |
| The name and address of the Incorpor  | rator is:   |  |
| Name: LCCORC  | 1 TUMSTORA  | Na Rend II   |
| Address:  | rator is: Handsford  Box LOI - 2344 Juxan  hasser, 72.32302   | (3)  |
| <u>   latta</u>   | 1935Ce, 12.049 62   | 26 (1997)  |
| ARTICLE VIII EFFECTIVE DAT<br>Effective date, if other than the date o                |   | PTIONAL)   |
| (If an effective date is listed, the dat  | e must be specific and cannot be more than f  | live days prior or 90 days after the filing.)                                  |
| Note: If the date inserted in this block document's effective date on the Department. | k does not meet the applicable statutory filing reartment of State's records.                           | equirements, this date will not be listed as the                               |
| Having been named as registered ag<br>certificate, I am familiar with any acc         | gent to accept service of process for the above cept the appointment as registered agent and ag         | stated corporation at the place designated in this ree to act in this capacity |
| HITCH   |   | 4-10-19  |
| /   | Signature of Registered Agent   | Date   |
| I submit this document and affirm the to the Department of State constitutes          | at the facts stated herein are true. I am aware to<br>spothird degree felony as provided for in s.817.1 | hat any false information submitted in a document 55, F.S.                     |
|   | 2 od  | 4-10-19  |
| Redui   | ired Signature of Incorporator  | Date   |

#### •

### Page, Keyna

From: LaCora & Company Inc.

Sent: Wednesday, April 10, 2019 3:24 PM

To:Page, KeynaSubject:Businesses

#### EMAIL RECEIVED FROM EXTERNAL SOURCE

Hello Kenya, Thanks for being so great.

I'm just looking over the filing. May I have the EIN numbers added.

-----

FILING CANCELLED
DUE TO RETURNED CHECK

Faith Ballers Inc. 81 4416188

Thanks LaCora

Sent from my iPhone

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