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(City/State/Zip/Phone #)



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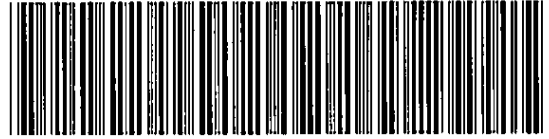
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SECRETARY OF STATE
TALLAHASSEE, FL

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2022 FEB -7 PM 4:39

SECRETARY OF STATE
TALLAHASSEE, FL 09101

COVER LETTER

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

SUBJECT: Southern Exposure AAU Basketball & Mentoring Program 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: Roderick Butler
Name (Printed or typed)

363 Wilson Green Blvd.
Address

Tallahassee, FL 32305
City, State & Zip

(850) 405-7570 or (850) 405-8131
Daytime Telephone number

larrylegend1523@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: Southern Exposure AAU Basketball & Mentoring Program
Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
363 Wilson Green Blvd.
Tallahassee, FL 32305

Mailing address, if different is:
363 Wilson Green Blvd
Tallahassee, FL 32305

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: This corporation is a non-
profit organization formed to help and train
children in basketball and mentor them in educational
and mentoring programs that help with life skills
and social settings

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Be chosen
by the Director and interviewed

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Roderick Butler/Director</u>	Name and Title:	<u>Khalil Butler/Asst. Director</u>
Address	<u>363 Wilson Green Blvd</u> <u>Talla., FL 32305</u>	Address:	<u>5525 Westview Lane</u> <u>Talla., FL 32310</u>

Name and Title:	_____	Name and Title:	_____
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Address	_____	Address:	_____
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Name and Title:	_____	Name and Title:	_____
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Address	_____	Address:	_____
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2022 FEB - 7 AM 10:25
SECRETARY OF STATE
TALLAHASSEE, FL

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: Roderick Butler

Address: 363 Wilson Green Blvd
Tallahassee, FL 32305

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Roderick Butler

Address: 363 Wilson Green Blvd
Tallahassee, FL 32305

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 2/7/22 (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

R. Butler

Required Signature of Registered Agent

2/7/22

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.

R. Butler

Required Signature of Incorporator

2/7/22

Date

AD

SECRETARY OF STATE
TALLAHASSEE, FL

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