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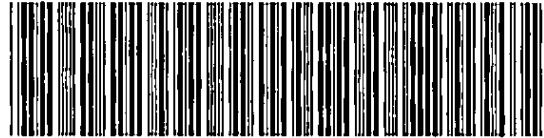
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## COVER LETTER

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

**SUBJECT:** National Youth Christian Sports Alliance, 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:** Jerome Smith  
Name (Printed or typed)

4126 McBride Drive  
Address

Powder Springs, Georgia 30127  
City, State & Zip

470-710-4373  
Daytime Telephone number

sheartonfootball@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: National Youth Christian Sports Alliance, Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

Mailing address, if different is:

4126 McBride Drive

Powder Springs, Georgia 30127

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Our company will provide youth sports leagues for children around the nation for Basketball, volleyball, soccer, football, and cheerleading programs to help under privilege youth.

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

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

Name and Title: Tonya Smith, CEO Name and Title: Dina Caraway, COO & .....

Address: 4126 McBride Drive Address: 866 Thurston Road

Powder Springs, Georgia 30127 Rocester, New York 14619

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

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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

Address: \_\_\_\_\_ Address: \_\_\_\_\_

22 MAY 22 AM 12:43

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: Sharon Smith \_\_\_\_\_

Address: 18121 Northwest 6th Place \_\_\_\_\_

Miami Gardens, Florida 33169 \_\_\_\_\_

**ARTICLE VII INCORPORATOR**

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

Name: Jerome Smith \_\_\_\_\_

Address: 4126 McBride Drive \_\_\_\_\_

Powder Springs, Georgia 30127 \_\_\_\_\_

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 3/16/22 (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*

Sharon Smith  
Required Signature of Registered Agent

3/16/22

\_\_\_\_\_  
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.*

Jh  
Required Signature of Incorporator

3/16/22

\_\_\_\_\_  
Date