172200002691

equestor's Name)				
ddress)				
ddress)				
ity/State/Zip/Phone	e #)			
☐ WAIT	MAIL			
usiness Entity Nan	ne)			
(Document Number)				
Certificates	of Status			
Special Instructions to Filing Officer:				
	ddress) ddress) ity/State/Zip/Phone WAIT usiness Entity Nan ocument Number) Certificates			

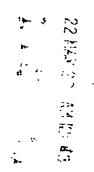
Office Use Only

T. SCOTT MAR 2 2 2022



400383749024

03/22/22--01004--092 **78.75



COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 National Youth Christian Sports Management, Inc. SUBJECT: (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) Enclosed are an original and one (1) copy of the articles of incorporation and a check for: □ \$70.00 **■** \$78.75 ☐ \$78.75 □ **\$**87.50 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED Jerome Smith

Name (Printed or typed)

4126 McBride Drive

Address

Powder Springs, Georgia 30127

City. State & Zip

407 -710 - 4373

Daytime Telephone number

sheratonfootball@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 607 and/or Chapter 621, F.S. (Profit)

he name of the corporation shall be:					
<i>RTICLE II PRINCI</i> P	PAL OFFICE rincipal street address	λ	failing address, if different is:		
126 McBride Drive					
owder Springs, Geo	rgia 30127				
RTICLE III PURPOS the purpose for which the	SE Looking corporation is organized is:	g to forms youth	summer sports camps, end of ye		
middle school to	urs, and youth sports tournaments				
<u> </u>					
RTICLE IV SHARE, ne number of shares of st					
OTICLE V INITLA	OFFICERS AND/OR DIRECTORS				
Name and Title:	land on Carible OFO	Name and Title:_	Rashid Caraway, Pres.		
Address	4126 McBride Drive	Address:	866 Thurston Road		
	Powder Springs, Georgia 30127		Rochester, New York 14619		
-	-				
Name and Title:		Name and Title:			
Address _					
_					
-					
Name and Title:	<u></u>	Name and Title:			
			, 2		
Address _		Address:			
_			<u> </u>		
_		<i>_</i> _	. 73		

Name*and Ti	tle:	Name and Title:	
Address		Address:	
		_	
	-		
ARTICLE VI REC			
The name and Florid	la 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_INC	<u>CORPORATOR</u>		
The name and address	ss of the Incorporator is:		
Name:	Jerome Smith		
Address:	4126 McBride Drive	_	
	Powder Springs, Georgia 300127	_	
ARTICLE VIII EF Effective date, if othe (If an effective date filing.)	FECTIVE DATE: 3/16/22 r than the date of filing:	(OPTIONAL) ot be more than five days prio	r or 90 days after the
	erted in this block does not meet the applicablive date on the Department of State's records		his date will not be listed as
	is registered agent to accept service of process iar with and accept the appointment as registe		
Sharon	Smith		3/16/22
	Required Signature/Registered Agent		Date
	nt and affirm that the facts stated herein ar artment of State constitutes a third degree felo		
	•		3/16/22
Required Signature/Ir	ocorporator	Date	