N23000/0300

(Requesto	r's Name)
(Address)	
(Address)	
(Address)	
(City/State	Zip/Phone #)
☐ 5ICK-∩5	WAIT MAIL
(Business	Entity Name)
(Document	Number)
Certified CopiesC	Certificates of Status
Special Instructions to Filing C	fficer:

Office Use Only



000413349700

08/11/08--01004--011 **87.50

2023 AUS 11 AM 9: 31

COVER LETTER

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

SUBJECT: Elevate Bask	etball Group Inc		
Sobret.	(PROPOSED CORP	ORATE NAME – <u>MUST IN</u>	CLUDE SUFFIX)
Enclosed is an original a S70.00 Filing Fee	nd one (1) copy of the Ar \$78.75 Filing Fee & Certificate of Status	ticles of Incorporation and ☐ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	■ \$87.50 Filing Fee, Certified Copy & Certificate

FROM:	Ashley Peters-Simmons
i KOWI.	Name (Printed or typed)
	4527 PERDITA LN
	Address
	LUTZ FL 33558-9080
	City, State & Zip
	(813) 624-3257
	Daytime Telephone number
	apeters_simmons@hotmail.com
	E-mail address: (to be used for future annual report notification

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

2023 AUG 11 AM 9: 31

ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

The name of th	NAME ne corporation shall be: Elevate Basketball	Group Inc			
	PRINCIPAL OFFICE				
4527	Principal <u>street</u> address: PERDITA LN		Mailing address, if different is:		
LUT	Z FL 33558-9080				
The purpose f	PURPOSE or which the corporation is organized is: _ itive travel basketball so they experience a	We help young male		portunity	
			. 1		
APTICIEIV					
ARTICLE IV		nner in which the dire			
ARTICLE V	MANNER OF ELECTION The man	nner in which the dire	ctors are elected and appointed: Stated in Terrance Simmons, Director	n the byla	
ARTICLE V Name and Titl	MANNER OF ELECTION The man	nner in which the dire		the byla	ws
ARTICLE V	MANNER OF ELECTION The man	nner in which the dire	ctors are elected and appointed: Stated in Terrance Simmons, Director	the byla	
ARTICLE V Name and Titl Address	INITIAL OFFICERS AND/OR DIRECTION The man initial officers and or direction in the initial or direction in the	nner in which the dire	Terrance Simmons, Director 4527 PERDITA LN LUTZ FL 33558-9080 Ashley Peters-Simmons, Director	2023 AUG 1 1 AM	ws
ARTICLE V Name and Titl Address	INITIAL OFFICERS AND/OR DIRECTION The man initial officers and or direction in the initial or direction in the	nner in which the dire	Terrance Simmons, Director 4527 PERDITA LN LUTZ FL 33558-9080 Ashley Peters-Simmons, Director	2023 AUG 1 1 AM	ws
ARTICLE V Name and Titl Address	INITIAL OFFICERS AND/OR DIRECTION INITIAL OFFICERS AND/OR DIRECTION IE: 4527 PERDITA LN LUTZ FL 33558-9080 Ashley Peters-Simmons, Treasurer	nner in which the dire	Terrance Simmons, Director 4527 PERDITA LN LUTZ FL 33558-9080 Ashley Peters-Simmons, Director	2023 AUG 1 1	ws
ARTICLE V Name and Titl Address Name and Titl Address	INITIAL OFFICERS AND/OR DIRECTION INITIAL OFFICERS AND/OR DIRECTION IE: Terrance Simmons, President 4527 PERDITA LN LUTZ FL 33558-9080 Ashley Peters-Simmons, Treasurer 4527 PERDITA LN LUTZ FL 33558-9080	nner in which the dire	Terrance Simmons, Director 4527 PERDITA LN LUTZ FL 33558-9080 Ashley Peters-Simmons, Director 4527 PERDITA LN LUTZ FL 33558-9080	2023 AUG 1 1 AM	ws
ARTICLE V Name and Titl Address	INITIAL OFFICERS AND/OR DIRECTION INITIAL OFFICERS AND/OR DIRECTION IE: Terrance Simmons, President 4527 PERDITA LN LUTZ FL 33558-9080 Ashley Peters-Simmons, Treasurer 4527 PERDITA LN LUTZ FL 33558-9080	nner in which the dire	Terrance Simmons, Director 4527 PERDITA LN LUTZ FL 33558-9080 Ashley Peters-Simmons, Director 4527 PERDITA LN LUTZ FL 33558-9080	2023 AUG 1 1 AM	ws

Name and Title	::	Name and Title:		
Address		Address:	<u></u>	
Name and Title	e:	Name and Title:		
Address		Address:		
ARTICLE VI	REGISTERED AGENT			
	Florida street address (P.O. Box NOT	acceptable) of the registered agent is	S:	
Name:	Ashley Peters-Simmons			
Address:	4527 PERDITA LN	.,. <u></u>	2023 AUG 1	7
	LUTZ FL 33558-9080		من المنظمة الم المنظمة المنظمة	
			M 9: 31	
ARTICLE VII	INCORPORATOR		ms o	المنتين
The name and	address of the Incorporator is:		四 3	
Name:	Ashley Peters-Simmons		·	
Address:	4527 PERDITA LN			
	LUTZ FL 33558-9080			
	I EFFECTIVE DATE:	(OPTI)	ONAL)	
	if other than the date of filing:			g.)
	ite inserted in this block does not meet the control of State'		rements, this date will not be listed as	the
	named as registered agent to accept sen In familiar with and accept the appointm	ant as equistored agent and agree to		d in this
	Crossy Puters,	Dimin	08/02/2023	
	Required Signature of Regis	tered Agent	Date	
	ocument and affirm that the facts stated t of State constitutes a third degree felor			ument to
	Crosez Putero		08/02/2023	
	Required Signature of		Date	

Elevate Basketball Group Inc, a Nonprofit Corporation

Purpose and Dissolution Clause as required by IRS:

Purpose Clause:

"This organization is organized exclusively for charitable, educational, religious and/or scientific purposes under Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, and shall not inure benefit or earnings to any private shareholder or individual.

Dissolution Clause:

"Upon the winding up and dissolution of this organization, after paying or adequately providing for the debts and obligations of the organization, the remaining assets shall be distributed to a nonprofit fund, foundation or corporation which is organized and operated exclusively for one or more exempt purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, including to another tax-exempt organization under Section 501(c)(3), or shall be distributed to the federal government, or to a state or local government, for a public purpose."

