829 Tammy Cove Cn
Address Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Certified Copy Pick up time Walk in Photocopy ☐ Will wait Certificate of Status Mail out NEW FILINGS AMENDMENTS Profit Amendment Resignation of R.A., Officer/Director NonProfit Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger REGISTRATION/ OTHER FILINGS QUALIFICATION Annual Report Warland Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark Other

Examiner's Initials

4

CR2E031(1/95)

ARTICLES OF INCORPORATION

SISTERS WIT GAME, INC. (A FLORIDA CORPORATION NOT FOR PROFIT)

We, the undersigned with other persons being desirous of forming a corporation for charitable and philanthropic purposes, under the provisions of chapter 617 in the Florida Statutes do agree to the following:

ARTICLE I

NAME

The name of this corporation shall be SISTERS WIT GAME, INC.,

ARTICLE II

TERM OF EXISTENCE

SISTERS WIT GAME, INC. shall have perpetual existence.

ARTICLE III

PURPOSE

The purpose for which this corporation is organized are exclusively charitable, scientific, health, literary and educational within the meaning of Section 501(c)(3)of the Internal Revenue Code of 1954 or the corresponding of any future United States Internal Revenue Law(s).

- To promote the values of athletic competition for the youth in the Jacksonville, Duval County Area primarily through Basketball for pre-teen and teen aged girls.
- 2. To seek out and identify leadership qualitites in the youth in this community and provide the atmosphere to develop and mold those skills and talents.
- 3. To provide leadership, direction and nurturing to those youth in the community who are underprivileged and/or at risk for juvenile delinquency, teen pregnancy, poor academic performance, etc.

ARTICLE IV

MEMBERSHIP

The qualification for members and the manner of their acceptance shall be regulated by the by-laws of this Corporation.

ARTICLE V

ADDRESS

The street address of the initial principal office of the Corporation is 8549 Turkey Oaks Drive, Jacksonville, Florida 32277.

ARTICLE VI

OFFICERS

The business of this corporation shall be managed by the Board of Directors.

The Board of Directors shall elect a President, Vice President, Secretary and Treasurer and others.

The names and addresses of the officers are as follows:

NAME		ADDRESS
Roderick Pearson President		8549 Turkey Oaks Dr. Jacksonville, Fl
Johnny F. Smiley Vice President		829 Tammy Cove Ln. Jacksonville, Fl 32218
Joan Catia Secretary		2939 Ribault Scenie Dr. Jacksonville, Fl 32208
Wendell Petty Treasurer	ARTICLE VII	9221 Camshire Dr. Jacksonville, Fl 32244

INCORPORATOR

The names and address of the Incorporator signing these Articles is Karen L. Smiley, 829 Tammy Cove Lane, Jacksonville, Fl 322218.

Karen L. Smiley

Date

ARTICLE VIII

BOARD OF DIRECTORS

The powers of this corporation shall be exercised, its properties controlled and the business affairs conducted by a Board of Directors; the Board shall not consist of less than five (5) persons as determined by the By-Laws of this corporation. The manner in which the directors are elected shall be as stated in the By-Laws.

Name Address

Roderick Pearson 8549 Turkey Oaks Dr

Jacksonville, Fl 32277

Johnny F. Smiley 829 Tammy Cove Lane

Jacksonville, Fl 32218

Wendell Petty 9221 Camshire Drive

Jacksonville, Fl 32244

Stanley Petty 9221 Camshire Drive

Jacksonville, Fl 32244

Joan Catia 2939 Ribault Scenic Dr

Jacksonville, Fl 32208

Angela Smith POB 1033

Kingsland, Ga 31548

ARTICLE IX

REGISTERED AGENT

The initial Registered Agent shall be Karen L. Smiley, 829 Tammy Cove Lane, Jacksonville, Fl 32218.

Witness my hand and official seal in the day of, 1999.	e County and State named above, the 28th
Notary Public State of Florida My commission expires: 10-2-02	Judith Kay Good MY COMMISSION # CC781994 EXPIRES October 7, 2002 BONDED THRU TROY FAIN INSURANCE, INC.
personally known to me	
produced identification DL	5540513637860
Acceptance	

I agree as Resident Agent to accept Service of Process; to keep my office open during prescribed hours; to post my name and address (and any other officers of said corporation autorized to accept service of process at the above Florida designated address) in some conspicious place in my office as required by law. I am familiar with, and accept, the obligations provided for in Section 607.325 Florida Statutes.

Karen L. Smiley

829 Tammy Cove Ln

Jacksonville, Florida 32218

904-757-6740