

P.14000013697

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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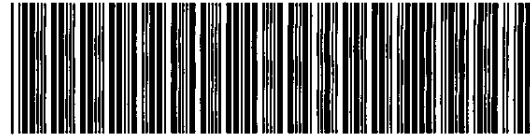
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DIVISION OF CORPORATIONS  
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2/14/14

## COVER LETTER

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

**SUBJECT:** Florida Basketball Association, Inc.

(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  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Mark Anthony King  
Name (Printed or typed)

13525 Mirror Lake Drive

Address

Orlando, FL 32828

City, State & Zip

407-267-5149

Daytime Telephone number

MKING@FLIGHTHOOPS.COM

E-mail address: (to be used for future annual report notification)

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**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)

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CORPORATIONS  
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**ARTICLE I NAME**

The name of the corporation shall be: Florida Basketball Association, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

13525 Mirror Lake Drive

Orlando, FL 32828

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To create a professional basketball league  
for teams in the state of Florida to compete in.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Mark King/CEO

Name and Title: Bernie Mapili, Jr./CFO

Address 13525 Mirror Lake Drive  
Orlando, FL 32828

Address: 2471 Aloma Ave. Suite 101  
Winter Park, FL 32792

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

(conti.)

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: Mapili CPAS LLC  
Address: 2471 Aloma Ave. Suite 101  
Winter Park, FL 32792

**ARTICLE VII INCORPORATOR**

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

Name: Mark King  
Address: 13525 Mirror Lake Drive  
Orlando, FL 32828

*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*



01/16/2014

\_\_\_\_\_  
Required Signature/Registered Agent

\_\_\_\_\_  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the 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.*



1/16/2014

\_\_\_\_\_  
Required Signature/Incorporator

\_\_\_\_\_  
Date

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