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(Business Entity Name)

(Document Number)

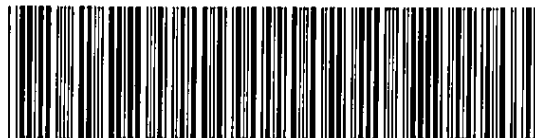
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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08/09/18--01005--004 \*\*210.00

18 AUG -9 AM 11:53

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COVER LETTER

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

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SUBJECT: \_\_\_\_\_

*Faith Ballers Inc. 8/44/6/88*  
(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: \_\_\_\_\_

*LaCora Handsford*  
Name (Printed or typed)

*PO Box 61*  
Address

*Tallahassee FL 32302*  
City, State & Zip

*850 508 2411*  
Daytime Telephone number

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

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

Filing cancelled  
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ARTICLES OF INCORPORATION  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Faith Ballers Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2344 Tuscanilla Road  
Tallahassee, FL 32312

P.O. Box 61  
Tallahassee, FL 32302

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Encouraging, Inspiring, & Motivating  
Youth AAU Basketball Teams & More

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

LaCora Handsford

Address:

P.O. Box 61  
Tallahassee, FL 32302

Name and Title:

B. Lewis Handsford Manager

Address:

P.O. Box 61  
Tallahassee, FL 32302

Name and Title:

Christopher B. Levers Sr. - President

Address:

P.O. Box 61  
Tallahassee, FL 32302

Name and Title:

Temberly Mitchell Secretary

Address:

P.O. Box 61  
Tallahassee, FL 32302

Name and Title:

LaCorey B. Levers V.P.

Address:

P.O. Box 61  
Tallahassee, FL 32302

Name and Title:

Address:

FILED  
AUG - 9 PM 12:34  
CLERK OF COURT  
JULY 27 2009

Filing cancelled  
due to returned check

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:

LaCoria Handsford

Address:

2344 Tuscanilla Road  
Tallahassee, FL 32312

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name:

LaCoria Handsford

Address:

P.O. Box 61  
Tallahassee, FL 32302

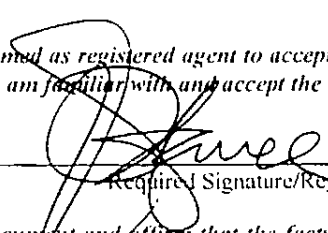
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 8-9-18 (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.

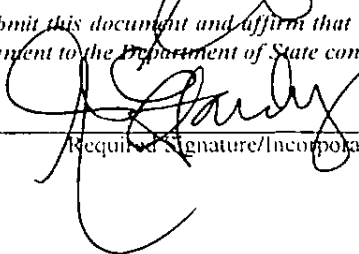
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
Required Signature/Registered Agent

8-9-18

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.*

  
Required Signature/Incorporator

8-9-18

Date