02 SEP 25 AM 9:50

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		TALLAHASSEE, FLORIDA
SUBJECT: SUCCESS UNLIMITED. (Name of corporate	INC. tion - must include suffix)	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation for "Certificate of Existence", and check are submitted to transact business in Florida.		
Please return all correspondence concerning this mat	ter to the following:	
DAVID BLAKESLEE		
(Name	of Person)	
BLAKESLEE & BLAKES	LEE, LLP	
(Firm/C	Company) 4 🗇	000727780 42
84 48TH STREE	Т	-08/22/0201024008 *****78.75 *****78.75
(Ac	idress)	· · · · · · · · · · · · · · · · · · ·
GULFPORT, MISSIS	SIPPI 39507	
	e and Zip code)	(513
(00)		$\alpha \mathcal{A}^{q > 1}$
For further information concerning this matter, pleas	e call:	W02-24573
David Blakeslee at (22	8) 863-3248	
	a Code & Daytime Telepho	one Number)
•		
STREET ADDRESS:	MAILING ADDRESS	3:
Registration Section	Registration Section	
Division of Corporations 409 E. Gaines St.	Division of Corporation P.O. Box 6327	ns .
Tallahassee, FL 32399	Tallahassee, FL 32314	L Company
Enclosed is a check for the following amount:	·	
\$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certificate of Status &

Certified Copy



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FLORIDA DEPARTMENT OF STATE SECRETARY OF STATE SECR

August 23, 2002

DAVID BLAKESLEE 84 48TH STREET GULFPORT, MS 39507

SUBJECT: SUCCESS UNLIMITED, INC.

Ref. Number: W02000024573

We have received your document for SUCCESS UNLIMITED, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Document Specialist

Letter Number: 102A00049621

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

I, the undersigned,	IESSICA D. HA (Name)	RVEY	, do hereby certify
that this Resolution of the Board of	,	CESS UNLIMITE	ED, INC.
	(Corporate Nar	ne)	
a corporation duly organized and ex	cisting under the laws	of the State of MIS	SSISSIPPI,
was duly adopted on <u>SEPTEMB</u>	ER 4, 2002		• <u> </u>
Be it resolved, thatSUCCESS		C - Corporate Name)	
		-	
organized and existing in the State	DI <u>MISSISSIP</u>	<u>PT · ,</u> , h	ereby adopts the name
S U UNLIMITED, INC	•	· · · · · · · · · · · · · · · · · · ·	for use in Florida.
Dated: <u>9/4/2002</u>			-
Signat	poica L. d.	Wice Chairman or any	y officer
	JESSICA D. Type or p	HARVEY print name	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

INHS19(1/00)

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSAC BUŞINESS IN FLORIDA			ED
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO TAKE REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.	ECRET, LLAHA!	ARY O SSEE	MM FSI FID
1. SUCCESS UNITED, INC. (Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)			- -
2. MISSISSIPPT 3. 94-3425108 (State or country under the law of which it is incorporated) (FEI number, if applicable)	-4		
4. 2/11/02 5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")		• •	
68/1/02 (Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)	-		-
7. 84 48TH STREET, GULEPORT, MS 39507 (Principal office address)		:	= 1*** ***
84 48TH STREET, GULFPORT, MS 39507 (Current mailing address)			2
8. SALES OF VACUUM CLEANERS (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)			•
Name: <u>Jessica D. Harvey</u>	-		•••
Office Address: 4547 Wessconnett Blvd.			
Jacksonville ,Florida 32210 (City) (Zip code)		~	
10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the p designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacifurther agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.	city. I	_	· .
(Registered agent's signature)			

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Name	s and business addresses of officers and/or directors:	FIL	-ED	
A. DIREC	CTORS	02 SEP 25		
Chairman:	JESSICA D. HARVEY	SEURFIARV	00.000	
Address: _	4547 WESSCONNETT BLVD.	SEURETAKY TALLAHASSE	Ur STATE E, FLORIDA	
	JACKSONVILLE, FLORIDA 32210			
Vice Chairn	nan:			
Address: _				
Director: _				
Address: _	***************************************			
Director: _				<u>-</u>
Address: _				
	sis			3
B. OFFIC	CERS			
President:	JESSICA D. HARVEY			 -
Address: _	4547 WESSCONNETT BLVD.			
_	JACKSONVILLE, FLORIDA 32210			 = = .
Vice Presid	ent:			
Address:				
<u></u>				
Secretary:				
Address: _				
Treasurer:				
Address: _			usu a	
NOTE: H	f necessary, you may attach an addendum to the application li	sting additional offi	icers and/or directors.	
13	Signature of Chairman, Vice Chairman, or any officer	listed in number 12	of the application)	
14				
1T.	(Typed or printed name and capacity of person	signing application)	

State of Mississippi

Secretary of State's Office Eric Clark

Secretary of State Jackson, Mississippi FILED 02 SEP 25 AM 9: 50

SECRETARY OF STATE TALLAHASSEE, FLORIDA

CERTIFICATE OF EXISTENCE/AUTHORITY

I, ERIC CLARK, Secretary of State of the State of Mississippi, and as such, the legal custodian of the corporate records, required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on February 11,2002 the state of Mississippi issued a Charter/Certificate of Authority to:

SUCCESS UNLIMITED, INC.

That the state of incorporation is MISSISSIPPI.

That the period of duration is Perpetual.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the Office of the Secretary of State.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.

SECTION OF SECTION ASSESSED.

Given under my hand and seal of office August 19,2002

ERIC CLARK, Secretary of State