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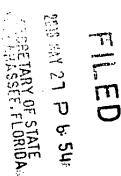
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Certified Copies	Certificate	s of Status
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COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: Family Wealth And Success Corporation Name of Corporation - must include suffix
Dear Sir or Madam;
The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.
Please return all correspondence concerning this matter to the following:
ANNIE MILES Name of Person
Family Wealth And Success Corporation
13117 Aaran's Pond Drive #101 Address TAMPA Florida 33612 City/State and Zin Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ANNIE MILES at (813) 846-8669 Name of Person Area Code Daytime Telephone Number
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount:
\$70.00 Filing Fee Sertificate of Status Certified Copy S87.50 Filing Fee, Certified Copy Certified Copy

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. Family Wealth And Success Corporation (Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like
(Name of corporation: must include the word "INCORPORATED" or "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. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. State or country under the law of which it is incorporated) (State or country under the law of which it is incorporated) (FEI number, if applicable)
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 5-2-201 5. Perfetual (Date of Incorporation) (Date of duration, if other than perpetual)
6. Upon Qualification & ReGistration (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
7. 13117 Agran's Pond Deine # 101 Tampa fl 33612 (Principal office address)
13117 Agrans Pond Drive #101 Tampa Florida 33612
8. Charitable Educational Literary - Mentoring Life Conching Entreprenuers (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)
Name: AWNIE MILES Office Address: 13117 Agran's Pond Drive 101 Tampa Florida 33612 (Zip Code) Florida (Zip
Office Address: 13117 Agran's Pond Drive #101
TAMPA , Florida 33 61 2 (Zip Code) (70 77
10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated compount the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further 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.
(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. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman:			
Address:		-	
Vice Chairman:			
Address:			
Director: ANNIE MILES Address: 13117 Agran's Pond Drine #101			
# 101 TAMPA Floride 336	12		
Director:			
Address:			
3. OFFICERS		Promiser outer card	T. T.
President:	21 E	A 45.	Santanan Late mine-
Address:	288 788 0	<u> </u>	[T]
/ice President:	OF STATE	₹. ≎. Ω	
Address:		-	
ceretary:			
address:			
reasurer:	·		
address:			
NOTE: If necessary, you may attach an addendum to the application listing addition			etors.
3. (Signature of Chairman, Vice Chairman, or any officer listed in number	12 of the applica	ation)	
4. ANNIE MILES - Fourde (Typed or printed name and capacity of person signing app	er - Execu	hue_	Director



NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF EXISTENCE

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

FAMILYWEALTHANDSUCCESS CORPORATION

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 2nd day of May, 2011, with its period of duration being Perpetual.

I FURTHER certify that the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Nonprofit Corporation Act; and that the said corporation has not filed articles of dissolution as of the date of this certificate.





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 17th day of May, 2016.

Elaine J. Marshall

Secretary of State