

N11000002943

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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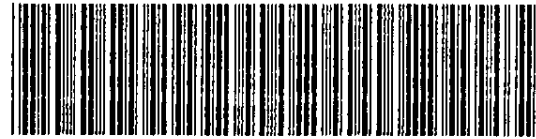
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

20 3/28

COVER LETTER

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

SUBJECT: Visionz of Success Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

ADDITIONAL COPY REQUIRED

FROM: Makita Lakoyya Tunsill
Name (Printed or typed)

P.O. Box 2653
Address

Jacksonville, Fla 32203
City, State & Zip

904.504.5589
Daytime Telephone number

VisionzofSuccess@me.com ✓
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S. (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: Visionx of Success Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

6500 N. Pearl St
Jacksonville FL 32206

Mailing address, if different is:

P.O. Box 2653
Jacksonville, Fla 32203

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Visionx of Success inc is a for profit organization that stands as a go-to-model for business growth, while being innovative and intellectual in its business practices.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

according to by laws created by corporation.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jamie Lynette Johnson

Address: President Vice President
P.O. Box 2653
Jacksonville, Fla 32203

Name and Title: Marita Lakoyya Tunsill

Address: CEO
P.O. Box 2653
Jacksonville, Fla 32203

Name and Title: Melanie Hall

Address: President
P.O. Box 2653
Jacksonville Fla 32203

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Cheryl Renee Kelly
Address: 6500 N Pearl St
Jacksonville, FL 32206

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Marita Lakoyya Tunsill
Address: P.O. Box 2653
Jacksonville, Fla 32203

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

Cheryl Kelly
Required Signature of Registered Agent

3/13/11
Date

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

Marita Tunsill
Required Signature of Incorporator

3/14/11
Date

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TALLAHASSEE, FLORIDA