

N17000006635

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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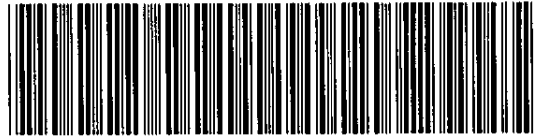
(Business Entity Name)

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JUN 22 PM 12:14
SECRETARY OF STATE
TALLAHASSEE FLORIDA

EFFECTIVE DATE 06/20/17

06/26/17

COVER LETTER

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

SUBJECT: Seeds of Success Incorporated

(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: Jane Bassa Tolliver

Name (Printed or typed)

PO Box 6335

Address

Delray Beach, Florida 33482

City, State & Zip

561-809-3408

Daytime Telephone number

jane bassa57@gmail.com

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

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: Seeds of Success Incorporated

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

33 N.W. 10 Avenue Delray Beach, Florida 33444

P.O.. Box 6335 Delray Beach, Florida 33482

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide quality programs and educational tools and products
to educate, inspire, motivate and entertain people in regions regarding specific topics and areas of interest to targeted
audiences. These deliverables could be in the form of community out-reach training or events, training materials,
television programming, radio broadcast, social media, etc.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jane Bassa Tolliver/President

Name and Title: _____

Address: P.O.Box 6335

Address: _____

Delray Beach, FL 33482

Name and Title: Jane Bassa Tolliver/ Treasurer

Name and Title: _____

Address: P.O.Box 6335

Address: _____

Delray Beach, FL 33482

Name and Title: Jane Bassa Tolliver/ Secretary

Name and Title: _____

Address: P.O. Box 6335

Address: _____

Delray Beach, FL 33482

SECRET
STATE OF FLORIDA
DEPARTMENT OF REVENUE
TAX DIVISION

17 JUN 22 PM 12:16

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Name and Title: Jane Bassa Tolliver Name and Title: _____
Address: Director Address: _____
P.O. Box 6335
Delray Beach, Fl 33482

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: Jane Bassa Tolliver
Address: 33 N.W. 10 Avenue Delray Beach, Florida 33444

SECRETARY OF STATE
FLORIDA

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jane Bassa Tolliver
Address: P.O.Box 6335
Delray Beach, Fl 33482

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: June 20, 2017 (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

Jane Bassa Tolliver
Required Signature of Registered Agent

6/20/17

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.

Jane Bassa Tolliver
Required Signature of Incorporator

6/20/17

Date