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FLORIDA DEPARTMENT OF STATE Division of Corporations

June 8, 2022

WILLIAM A. ROBINSON PMB 206 PO BOX 341305 NAPLES, FL 34101-3005

SUBJECT: SUPPLEMENT FOR SUCCESS INC. Ref. Number: W22000072261

We have received your document for SUPPLEMENT FOR SUCCESS INC, and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A corporation may not serve as its own incorporator. Please designate the individual whose typed signature appears on the signature line.

Florida nonprofit corporations are required to have at least 3 directors or trustees. S Please place the letter "D" or "T" beside the names and business addresses of each director or trustee.

The effective date is not acceptable since it is not within five working days of the date of receipt.

Please return the corrected original and one copy of 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) 245-6052.

Tyrone Scott Regulatory Specialist II New Filings Section

Letter Number: 722A00012366



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www.sunbiz.org

COVER LETTER

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

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SUBJECT: Supplement For Success Inc.

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(PROPOSED CORPORATE NAME - N	MUST INCLUDE SUFFIN	i)
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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 COP	Y REQUIRED	2022 JUL 22	
FROM:	William A. Robinson			Then a	r
	Nan PMB PO Box 413005	e (Printed or typed)		AH 8: 59	C
	·	Address			
	Naples FL 34101-3005				
	(City, State & Zip			
	239 293 5239				
	Daytime Telephone number				
	warmeo@gmail.com				
I	E-mail address: (to be used for f	uture annual report notification)		

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

ARTICLES OF INCORPORATION In compliance with Chapter 637, F.S., (Not for Profit)

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<u>IRTICLE II</u>	PRINCIPAL OFFICE					
788	Principal <u>street</u> address: Park Shore Dr F21		Mailing addre	ss, if different is:		
Napl	es Fl 34103		PMB 206 PO Box 341300	5		
			Naaples FL 34101-3005			
he purpose f	<u>PURPOSE</u> or which the corporation is organized is nerete concepts fromgroup generatedide					
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RTICLEIV	MANNER OF ELECTION The n	anner in which th	he directors are elected and a	appointed:	2022	
IRTICLE IV	<u>MANNER OF ELECTION</u> The n	nanner in which th	he directors are elected and a	appointed: elected	JUL	
<u>IRTICLE IV</u> RTICLE V	<u>MANNER OF ELECTION</u> The n INITIAL OFFICERS AND/OR DIR		he directors are elected and a	appointed: elected		
RTICLE V	INITIAL OFFICERS AND/OR DIR	<u>ECTORS</u>			JUL 22 AM	
<i>RTICLE V</i> lame and Titl	INITIAL OFFICERS AND/OR DIR	ECTORS		appointed: elected	JUL 22 AM 8:5	
<i>RTICLE V</i> lame and Titl	<u>INITIAL OFFICERS AND/OR DIR</u> John Tallman President	<u>ECTORS</u>			JUL 22 AM 8:	
RTICLE V	INITIAL OFFICERS AND/OR DIR John Tallman President e: 255 Deerwood Circle#4	ECTORS			JUL 22 AM 8:5	
<u>RTICLE V</u> lame and Titl .ddress	INITIAL OFFICERS AND/OR DIR John Tallman President 255 Deerwood Circle#4 Naples Ft 34113 William A Robinson Sourceury	<u>ECTORS</u> Name and Address: 	H Title:		JUL 22 AM 8:5	
RTICLE V	INITIAL OFFICERS AND/OR DIR John Tallman President 255 Deerwood Circle#4 Naples Ft 34113 William A Robinson Sourceury	ECTORS	H Title:		JUL 22 AM 8:5	
RTICLE V	INITIAL OFFICERS AND/OR DIR. e: John Tallman President 255 Deerwood Circle#4 Naples Ft 34113 e: Wiilliam A Robinson-Secretary	<u>ECTORS</u> Name and Address: Name and	H Title:		JUL 22 AM 8:5	
RTICLE V	INITIAL OFFICERS AND/OR DIR. e: John Tallman President 255 Deerwood Circle#4 Naples Ft 34113 William A Robinson-Secretary 788 Park Shore Dr F21 Naples FL 34103	ECTORS Name and Address: Name and Address:	I Title:		JUL 22 AM 8:5	
RTICLE V	INITIAL OFFICERS AND/OR DIR. e: John Tallman President 255 Deerwood Circle#4 Naples Ft 34113 William A Robinson-Secretary 788 Park Shore Dr F21 Naples FL 34103	<u>ECTORS</u> Name and Address: Name and	I Title:		JUL 22 AM 8:5	

Name and Title	Mareo Dorestał	Director	Name and Title:	D	
Address	330 Dover Pl				
	Naples FI 34104				
Name and Title		Assi. Secretary	Name and Title:	<u>)</u>	
Address	255 Deerwood Circle #4 Naples FI 34113		Address:		
Name: Address:	<u>REGISTERED AC</u> Florida street addre William A Rob 788 Park Shore Naples FI 3410 INCORPORATO	ss (P.O. Box NOT acco inson DR F21 3	eptable) of the registere	d agent is:	2822 JUL 22
The <u>name and</u>	address of the Incorp		Lon Roh	NSON	
Name: Address:	788 Park Shore				8:5
(WAIL 25).	Naples, FL 341	03			Q. (Q.

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 5/1/2022 (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 of Registered Agent

5/1/2022

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.

5/1/2022

Date

Required Signature of Incorporator