

P/6XXX 28608

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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16 MAR 31 PM 2:09
CLERK OF STATE
TALLAHASSEE, FLORIDA

MAR 3 2016
S. GILBERT

COVER LETTER

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

SUBJECT: Success Provider Services, Inc.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

<input checked="" type="checkbox"/> \$70.00	<input type="checkbox"/> \$78.75
Filing Fee	Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75	<input type="checkbox"/> \$87.50
Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: _____
Name (Printed or typed)
3729 Blanding Blvd. Suite # 2

Address
Jacksonville, FL 32244

City, State & Zip
(904) 437-2887

Daytime Telephone number
panther1559@comcast.net

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 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: Success Services Plus, Inc.

FILED
16 MAR 31 PM 2:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address

Mailing address, if different is:

1559 Royal County Drive

1559 Royal County Drive

Jacksonville, FL 32221

Jacksonville, FL 32221

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide a much-needed residential service to adults with developmental disabilities through individualized successful

services in their home setting within their communities. Residents will be supported in a growth process that allows them to

become as independent as possible. The focus will be on residents' choice, community integration, and active involvement.

The company is committed to positive supportive open communication with residents and their families.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Aurelia Powell, Chairman/President

Name and Title: Sharyl Johnson, Secretary

Address: 1559 Royal County Drive

Address: 389 King Street

Jacksonville, FL 32221

Jacksonville, FL 32204

Name and Title: Jeanette Hawthorne, Vice Chairman

Name and Title: _____

Address: 910 Chalmet Lane

Address: _____

Jacksonville, FL 32218

Name and Title: Marilyn Bahari, CFO

Name and Title: _____

Address: 1115 Turtle Creek Drive South

Address: _____

Jacksonville, FL 32218

ARTICLE VI REGISTERED AGENT

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

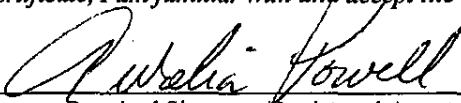
Name: Aurelia Powell
Address: 1559 Royal County Drive
Jacksonville, FL 32221

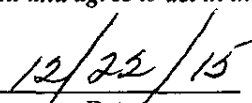
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

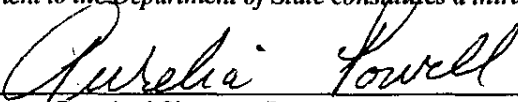
Name: Aurelia Powell
Address: 1559 Royal County Drive
Jacksonville, FL 32221

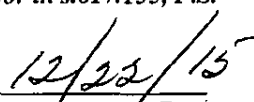
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent


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.


Required Signature/Incorporator


Date