

P/7000022842

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/13/17--01047--017 **78.75

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17 MAR 13 PM 12:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03/14/17

**CUSTOMIZED
SUCCESS, INC.**

1478 SE Grapeland Ave., Port St. Lucie, FL 34952

Cell: (772) 528-4395

E-Mail: info@customizedsuccessinc.com

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

March 1, 2017

To whom it may concern:

I am the owner of Customized Success, Inc. When I returned home from vacation, I had a notice advising that my corporation had been dissolved for not filing my annual report. Although, I thought I went online and did it in March of 2016, I must have not finished the process and or clicked submit as I do not show the payment clearing my account.

I tried to go online and reinstate it but it wants to charge me \$900 and my company does not have that kind of money.

Unfortunately, I was unaware of the missing filing and the dissolution until I received the notice.

When I called the office someone advised me I could reinstate using the same name if I sent in the paperwork for a new corporation along with a notice that I did not intend on reinstating the old one.

Please accept this notice as my advisement that I do not intend on reinstating the old corporation and take the necessary steps to incorporate the new company with the new email address indicated on the paperwork so that I can continue to work on growing the business outside of my regular job.

I am so sorry that this happened and will be sure that it does not happen again in the future. I appreciate your efforts in helping me resolve this matter.

If you have any question regarding this matter, please contact me on my cell at (772) 528-4395.

Sincerely,



Tiffany Jackson
Owner/Operator
(772) 528-4395

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Customized Success, Inc.

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are 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 of
Status

ADDITIONAL COPY REQUIRED

FROM: Tiffany Jackson

Name (Printed or typed)

1478 SE Grapeland Ave

Address

Port St. Lucie, FL 34952

City, State & Zip

7725284395

Daytime Telephone number

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

ARTICLE I NAME

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

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1478 SE Grapeland Ave.

Port St. Lucie, FL 34952

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide businesses with customized tools for managing & measuring operations, data storage, marketing, social media, etc....

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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Tiffany Jackson, President

Name and Title: _____

Address 1478 SE Grapeland Ave.

Address: _____

Port St. Lucie, FL 34952

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

(conti.)

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: Tiffany Jackson

Address: 1478 SE Grapeland Ave.

Port St. Lucie, FL 34952

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

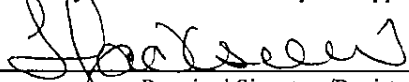
Name: Tiffany Jackson

Address: 1478 SE Grapeland Ave

Port St. Lucie, FL 34952

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TALLAHASSEE, FLORIDA

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

1-10-17
Date

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

1-10-17
Date