

P2400030R7

Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850)617-6381

From:  
Account Name : USACORP INC.  
Account Number : I20130000019  
Phone : (718)362-4789  
Fax Number : (718)408-2550

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: rafiqcpa@gmail.com

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**Shine with Success Inc.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

FILED

2024 MAY -1 AM 11:00  
STATE  
TALLAHASSEE, FL

2024 MAY -1 PM 3:21

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**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: Shine with Success Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

1284 Meadow Trail

Cantonment, FL 32533

Mailing address, if different is:

1284 Meadow Trail

Cantonment, FL 32533

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Online Tutoring

**ARTICLE IV SHARES**

The number of shares of stock is: 200

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Khaleda Parvin, President

Name and Title: \_\_\_\_\_

Address 1284 Meadow Trail

Address: \_\_\_\_\_

Cantonment, FL 32533

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

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FLORIDA

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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: Khaleda Parvin  
Address: 1284 Meadow Trail  
Cantonment, FL 32533

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Khaleda Parvin  
Address: 1284 Meadow Trail  
Cantonment, FL 32533

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TALLAHASSEE, FL

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business 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*

<u>/s/ Khaleda Parvin</u>	<u>05/01/2024</u>
Required Signature/Registered Agent	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.*

<u>/s/ Khaleda Parvin</u>	<u>05/01/2024</u>
Required Signature/Incorporator	Date

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