

L11000034378

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

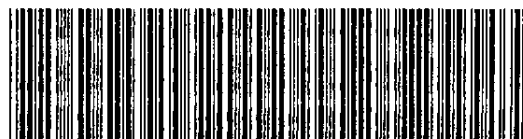
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300197653843

03/18/11--01029--008 **130.00

EFFECTIVE DATE 3-18-11

SECRETARIAT OF STATE
TALLAHASSEE, FLORIDA

11 MAR 18 AM 9:22

FILED

B. BOSTICK
MAR 22 2011
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Paradise Birth, LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Catherine Josi

Name of Person

Paradise Birth, LLC

Firm/Company

1107 Key Plaza #308

Address

Key West, Florida 33040

City/State and Zip Code

catherinejosi@gmail.com

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

For further information concerning this matter, please call:

Catherine Josi

Name of Person

at (**305**) **942-9326**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$125.00 Filing Fee

\$130.00 Filing Fee & Certificate of Status

\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)

\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
11 MAR 18 AM 10:25
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Paradise Birth, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

1107 Key Plaza #308
Key West, Florida
33040

1107 Key Plaza #308
Key Plaza #308
33040

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

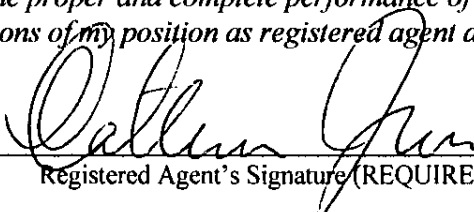
Catherine Josi
Name

1175A Gilmore Drive
Florida street address (P.O. Box **NOT** acceptable)

Key West, FL 33040
City, State, and Zip

FILED
MAR 13 AM 9:22
TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager
"MGRM" = Managing Member

Name and Address:

MGRM

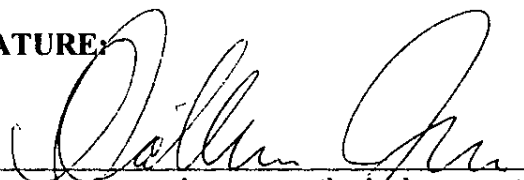
Catherine Josi
1107 Key Plaza #308
Key West, Florida 33040

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11 MAR 18 AM 9:22
STATE OF FLORIDA
TALLAHASSEE

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 03/18/11 (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury 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.)

Catherine Josi
Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)