

Like 0000055122

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

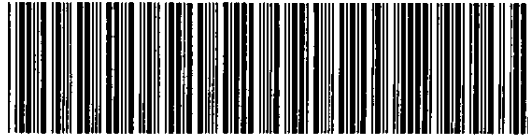
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900276432549

03/18/16--01032--002 \*\*130.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 MAR - 8 AM 10:10

APPROVAL  
AND  
FILED

MAR - 8 2016

S. PRATHER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 9, 2016

MELINDA BRADWAY  
417 63RD ST  
HOLMES BEACH, FL 34217

SUBJECT: PADDLERS FROM PARADISE LLC

We have received your document for PADDLERS FROM PARADISE LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$130.00.

Please return 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.

Stacy Prather  
Regulatory Specialist III

Letter Number: 416A00004893

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Paddlers from Paradise 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:

Melinda Bradway

\_\_\_\_\_  
Name of Person

Paddlers from Paradise LLC

\_\_\_\_\_  
Firm/Company

417 63rd St.

\_\_\_\_\_  
Address

Holmes Beach, FL 34217

\_\_\_\_\_  
City/State and Zip Code

mrbradway@gmail.com

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

For further information concerning this matter, please call:

Melinda Bradway

941

462-2626

at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
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**

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

**Street Address**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

RECEIVED  
15 DEC -9 9:55  
99-12-9

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Paddlers from Paradise 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:

417 63rd St., Holmes Beach, FL 34217

Mailing Address:

417 63rd St. Holmes Beach, FL 34217

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 MAR - 9 AM 10:10

APPROVED  
AND  
FILED

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:

Melinda Bradway

Name

417 63rd St.

Florida street address (P.O. Box **NOT** acceptable)

Holmes Beach

FL

34217

City

State

Zip

*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 605, F.S..*

Melinda Bradway

Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

Owner & MGR

**Name and Address:**

Melinda Bradway

417 63rd St.

Holmes Beach, FL 34217

SECRETARY OF STATE  
TALAMASSEE FLORIDA

16 MAR -8 AM 10:10

APPROVED  
AND  
FILED

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: March 1, 2016 (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.)

**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.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

Melinda Bradway

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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
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.

Melinda Bradway

Typed or printed name of signer

**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)