

CT CORPORATION SYSTEM

# F01000003992

CORPORATION(S) NAME

Paradise Island Distributors, Inc.

300004502583--7  
-07/27/01--01012--021  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

<input checked="" type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input checked="" type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input type="checkbox"/> Reinstatement	
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	<input type="checkbox"/> Change of RA
	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input type="checkbox"/> CUS
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	<input type="checkbox"/> After 4:30
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

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 TALLAHASSEE, FLORIDA

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Liability  
 Document  
 Updater  
 Verifier  
 W.P. Verifier

7/27/01

Order#: 4680235

Ref#: \_\_\_\_\_

**BK**

Amount: \$ \_\_\_\_\_

660 East Jefferson Street  
 Tallahassee, FL 32301  
 Tel. 850 222 1092  
 Fax 850 222 7615

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**A. DIRECTORS (Street address only - P.O. Box NOT acceptable)**

Chairman: Cindy Halloran

Address: 1881 Smith Drive, North Palm Beach, FL 33408

Vice Chairman: Susan Hepner

Address: 1881 Smith Drive, North Palm Beach, FL 33408

Director: \_\_\_\_\_

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

Director: \_\_\_\_\_

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

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SECRETARY OF STATE

**B. OFFICERS (Street address only - P.O. Box NOT acceptable)**

President: Cindy Halloran

Address: 1881 Smith Drive, North Palm Beach, FL 33408

Vice President: Susan Hepner

Address: 1881 Smith Drive, North Palm Beach, FL 33408

Secretary: \_\_\_\_\_

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

Treasurer: \_\_\_\_\_

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

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. \_\_\_\_\_

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Susan Hepner VP

(Typed or printed name and capacity of person signing application)

STATE OF NEW JERSEY  
DEPARTMENT OF TREASURY  
SHORT FORM STANDING

PARADISE ISLAND DISTRIBUTORS, INC.

I, the Treasurer of the State of New Jersey,  
do hereby certify that the above-named  
New Jersey Domestic Profit Corporation was  
registered by this office on May 19, 1999.

As of the date of this certificate, said business  
continues as an active business in good standing  
in the State of New Jersey, and its Annual Reports  
are current.

I further certify that the registered agent and  
registered office are:

Cindy Halloran  
135 Whitman Drive  
Turnersville, NJ 08012

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STATE OF NEW JERSEY  
DEPARTMENT OF TREASURY  
SHORT FORM STANDING

PARADISE ISLAND DISTRIBUTORS, INC.



IN TESTIMONY WHEREOF I have

hereunto set my hand and  
affixed my Official Seal  
at Trenton, this  
24th day of July, 2001

*Peter R Lawrance*

Peter R Lawrance  
Acting State Treasurer

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