

F14000004757

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

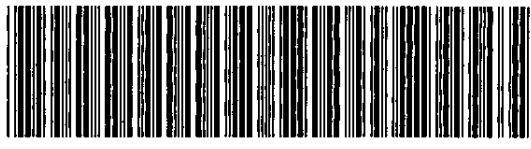
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800266237538

11/07/14--01005--016 **70.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 NOV -7 PM 3:11

APPROVED
AND
FILED

VH

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: PRABID, INC.
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

STEVEN SHAMAN
Name of Person

PRABID, INC.
Firm/Company

5453 KINGSWAY CT.
Address

WEST BLOOMFIELD, MI 48322
City/State and Zip code

paradiserestaurant@comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STEVEN SHAMAN at (248) 396-5966
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. PRABID, INC. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co." or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. MICHIGAN (State or country under the law of which it is incorporated) 3. 46-4022020 (FEI number, if applicable)

4. 10-13-13 (Date of incorporation) 5. PERPETUAL (Duration: Year corp. will cease to exist or "perpetual")

6. NONE (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1758 MISSOURI AVE. LARGO, FL 33770 (Principal office address)

5453 KINGSWAT CT. W. BLOOMFIELD, MI 48302 (Current mailing address)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: STEVEN SHAMAN

Office Address: 1758 MISSOURI AVE

LARGO, FL 33770, Florida (City) (Zip code)

SECRETARY OF STATE TAKE PLEASE TO CHINA 14 NOV -7 PM 3:11

APPROVED AND FILED

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:

APPROVED
AND
FILED

A. DIRECTORS

Chairman: SAME AS BELOW

14 NOV -7 PM 3:17

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: STEVEN SHAMAN

Address: 5453 KINGSWAY CT.
WEST BLOOMFIELD, MI. 48322

Vice President: _____

Address: _____

Secretary: _____

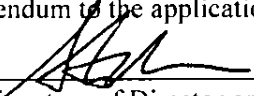
Address: _____

Treasurer: _____

Address: _____

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

12. _____


Signature of Director or Officer

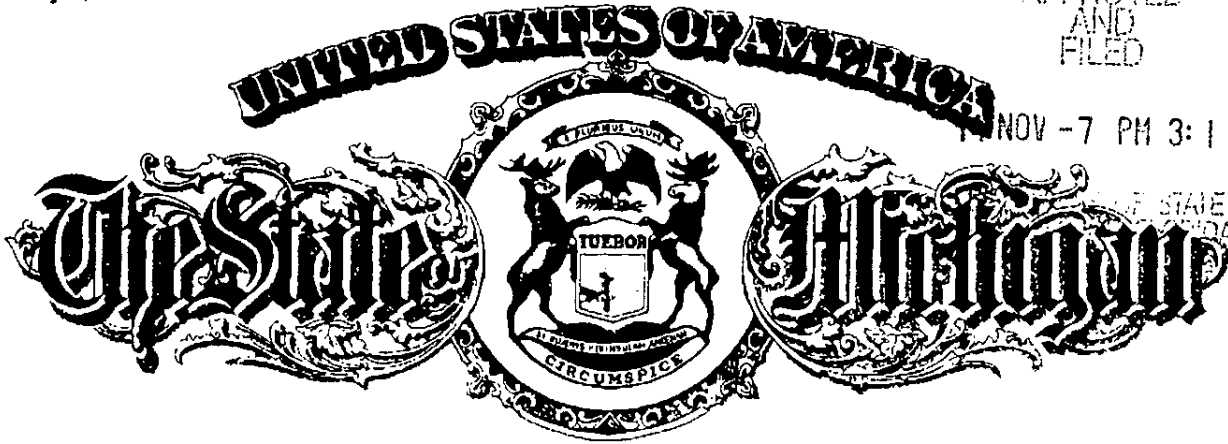
The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. STEVEN SHAMAN PRESIDENT

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

APPROVED
AND
FILED

NOV -7 PM 3:11



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

PRABID, INC.

was validly incorporated on October 30, 2013, as a Michigan profit corporation, and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1972 PA 284, as amended, to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States



Sent by Facsimile Transmission
1280977

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 5th day of November, 2014.

Alan J. Schefke, Director
Corporations, Securities & Commercial Licensing Bureau