 	(Requestor's Name))
 	(Address)	
	(Address)	. <u>-</u>
	(City/State/Zip/Phor	ne #)
PICK-UF	P WAIT	MAIL
	(Business Entity Na	ame)
	(Document Number	r)
Cenified Copies	Certificate	es of Status
Special Instructions	s to Filing Officer:	

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Incorporating Services, Ltd.

3500 S DuPont Highway Dover, DE 19901 302.531.0855

Fax: 302.531.3150 www.Incserv.com

e-mail: accounting@incserv.com

ORDER FORM

TO Florida Department of State

Division of Corporations, Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

corphelp@dos.myflorida.com

850-245-6051

FROM Be

Beverly Porter

bporter@incserv.com

302.531.3150

REQUEST DATE: 10/24/2019 PRIORITY Regular Approval OUR REF # (Order ID#) 778432

ORDER ENTITY

PARADIGM SENIOR SERVICES, INC.

PLEASE PERFORM THE FOLLOWING SERVICES:

PARADIGM SENIOR SERVICES, INC. (FL)

File the attached foreign qualification document

NOTES:

\$70.00 Authorized

Email address for annual report reminders: radiv@incserv.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

2019 00 F 25 KH 10: 6

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Thursday, October 24, 2019 Page 1 of 1

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA : FATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. Paradigm Senior Services, 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) Delaware (State or country under the law of which it is incorporated) (FEI number, if applicable) (Date of duration, if other than perpetual) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 11900 Biscayne Blvd, Suite 105, Miami, FL 33181 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Incorporating Services, Ltd. Name: 1540 Glenway Drive Office Address: Tallahassee 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.

Bungo. Porter Asst Sec.
(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:		
A. DIRECTORS		
N/A Chairman:		 -
Address:		
N/A Vice Chairman:		
Address:		
See attached Addendum Director:		
Director:Address:		_
Address:		
Director		
Director:		
Address:		
B. OFFICERS See attached Addendum President:		~~
Address:		
·	0.00	_
Vice President:	;	— ∴
Address:	<u>. 0: 1</u>	
		ب محب
Secretary:		
Address:		
Treasurer:		_
Address:		
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or director		_
12		
Signature of Director or Officer		_
The officer or director signing this document (and who is listed in number 11 above) affirms that the facts state are true and that he or she is aware that false information submitted in a document to the Department of State a third degree felony as provided for in s.817.155, F.S. Daniel Shapiro, Chief Executive Officer 13.	ted herein constitutes	s
(Typed or printed name and capacity of person signing application)		_

Paradigm Senior Services, Inc. Addendum to Florida Application for Authorization to Transact Business

12. Names and business address of officers and directors

A. Directors

- Steven Dunn
 11900 Biscayne Blvd, Suite 105, Miami, FL 33181
- Daniel Shapiro
 11900 Biscayne Blvd, Suite 105, Miami, FL 33181
- 3) Vacancy

B. Officers

- 1) Daniel Shapiro Chief Executive Officer, Secretary and Treasurer 11900 Biscayne Blvd, Suite 105, Miami, FL 33181
- 2) Steven Dunn President 11900 Biscayne Blvd, Suite 105, Miami, FL 33181

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "PARADIGM SENIOR SERVICES, INC." IS

DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE

RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF

OCTOBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PARADIGM SENIOR SERVICES, INC." WAS INCORPORATED ON THE TWENTY-SIXTH DAY OF SEPTEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

2019 COT 25 1910: 69



Authentication: 203863041

Date: 10-24-19

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