

F21000000884

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

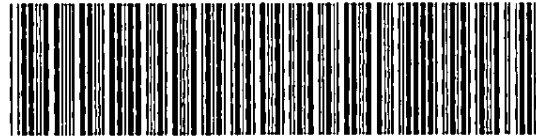
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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STATE OF TEXAS

45  
2/14/21

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Paradigm Creations 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:

Edward Bizzell

Name of Person

Paradigm Creations Inc.

Firm/Company

Beach Professional Center, 414 Richard Jackson Blvd., Suite 424

Address

Panama City Beach, FL 32407

City/State and Zip code

edward@edendayspaandsalon.com

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

For further information concerning this matter, please call:

Edward Bizzell

at ( 610 ) 537-3550

Name of Person

Area Code

Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**MAILING ADDRESS:**

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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

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2021 FEB - 9 PM 3:15  
CORPORATION DIVISION  
STATE OF FLORIDA

**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. Paradigm Creations, 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. Pennsylvania 3. 45-4999586  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 04/09/2012 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

6. February 15, 2021  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. Beach Professional Center, 414 Richard Jackson Blvd., Suite 424, Panama City Beach, FL 32407  
(Principal office street address)  
\_\_\_\_\_  
(Current mailing address, if different)

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

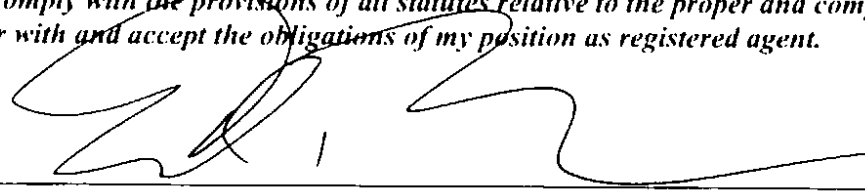
Name: Edward Bizzell

Office Address: 414 Richard Jackson Blvd., Suite 424

Panama City Beach, Florida 32407  
(City) (Zip code)

**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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

☐Chairman

Name: Edward Bizzell

☐Vice Chairman

Address: Beach Professional Center

414 Richard Jackson Blvd.

☒Director

Suite 424

☐President

Panama City Beach, FL 32407

☐Vice President

☐Secretary

☐Treasurer

☐Other

☐Other

☐Chairman

Name:

☐Vice Chairman

Address:

☐Director

☐President

☐Vice President

☐Secretary

☐Treasurer

☐Other

☐Other

☐Chairman

Name:

☐Vice Chairman

Address:

☐Director

☐President

☐Vice President

☐Secretary

☐Treasurer

☐Other

☐Other

☐Chairman

Name:

☐Vice Chairman

Address:

☐Director

☐President

☐Vice President

☐Secretary

☐Treasurer

☐Other

☐Other

☐Chairman

Name:

☐Vice Chairman

Address:

☐Director

☐President

☐Vice President

☐Secretary

☐Treasurer

☐Other

☐Other

☐Chairman

Name:

☐Vice Chairman

Address:

☐Director

☐President

☐Vice President

☐Secretary

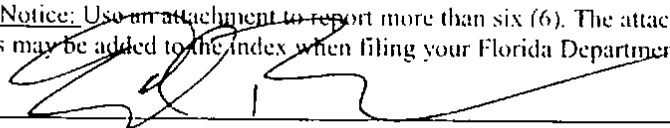
☐Treasurer

☐Other

☐Other

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SECRETARY OF STATE  
OFFICE OF THE SECRETARY OF STATE

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

2.   
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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 817.155, F.S.

1. Edward Bizzell  
(Typed or printed name and capacity of person signing application)

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE

02/04/2021

TO ALL WHOM THESE PRESENTS SHALL COME. GREETING:

I DO HEREBY CERTIFY THAT,

Paradigm Creations, Inc.

is duly registered as a Pennsylvania Business Corporation under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

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2021 FEB -9 AM 3:15  
DEPARTMENT OF STATE  
HARRISBURG, PA



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

*Katly Bookman*

Secretary of the Commonwealth

Certification Number: TSC210204141663-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>