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Florida Department of State  
Division of Corporations  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 OCT 12

## To:

Division of Corporations  
Fax Number : (850) 205-0383

## From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

## LIMITED LIABILITY COMPANY

order paradise, llc

Certificate of Status	0
Certified Copy	1
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY  
COMPANY

ARTICLE I-Name:

The name of the Limited Liability Company is:

Order Paradise, L.L.C.

ARTICLE II- Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

P.O. BOX 562742  
Miami, Florida 33256

ARTICLE -III-

Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

THOMAS G. SHERMAN, ESQ., P.A.  
218 ALMERIA AVENUE  
CORAL GABLES, FLORIDA 33134

ARTICLE IV  
PURPOSE

The limited liability company shall have the authority to engage in any activity or business permitted under the laws of the United States and of the law of the State of Florida, and the law of any other jurisdiction wherein it may conduct business. This limited liability company may conduct business within or without the State of Florida anywhere in the world that it may so select.

ARTICLE V  
VOTING

Votes of the members shall be in proportion to their contributions to the capital of the limited liability company as adjusted from time to time, to properly reflect any additional contributions or withdrawals of capital by the members.

ARTICLE VI-

Management (Check box if applicable)

☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.

☒ The Limited Liability Company is to be managed by its members and is, therefore, a member-managed company.

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ARTICLE VII  
MEMBERS

The Members of the Limited Liability Company are:

- 1) JAMES LUCENTE  
6340 SW 147<sup>TH</sup> TERRACE  
MIAMI, FLORIDA 33158
- 2) PAULA KELLY  
6340 SW 147<sup>TH</sup> TERRACE  
MIAMI, FLORIDA 33158

  
 Print Name: Thomas G. Sherman  
 Authorized Representative of a Member

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

*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 608, F.S.*

  
 THOMAS G. SHERMAN, ESQ., P.A.  
 REGISTERED AGENT'S SIGNATURE

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