

L03 000004648

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

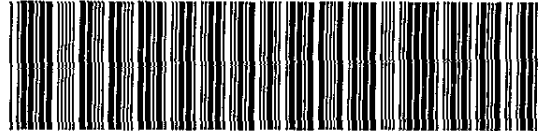
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/06/03--01019--008 **155.00

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

03 FEB - 5 AM 9:44

FILED

L03-4648

OK

Bill Cross
336 SANDPIPER DRIVE
CASSELBERRY, FL 32707

February 3, 2003

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

To Whom It May Concern -

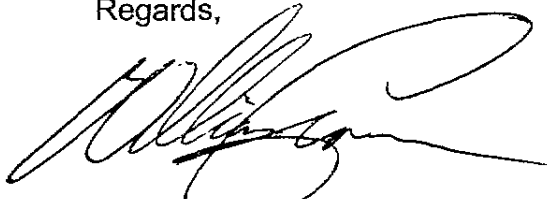
Following are the articles of organization for forming a Florida Limited Liability Company pursuant to Chapter 608, Florida Statutes.

Also enclosed please find a check for \$155 to cover the Filing Fee, Designation of Registered Agent, and to provide us with a Certified Copy of the registration of the corporation.

The name of the company shall be **Paradigm Marketing Partners, LLC**. The registered agent shall be William R. Cross. The mailing address is 336 Sandpiper Drive, Casselberry, FL 32707. Daytime phone number is 407-496-9683.

Thank you for your attention to this matter.

Regards,



William Cross

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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 Paradigm Marketing Partners, LLC

ARTICLE II – Address:

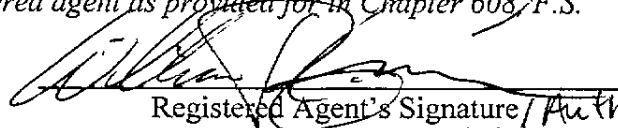
The mailing address and street address of the principal office of the Limited Liability Company is 336 Sandpiper Drive, Casselberry, Florida 32707.

**ARTICLE III – Registered Agent, Registered Office & Registered Agent's
Signature:**

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

William R. Cross
336 Sandpiper Drive
Casselberry, FL 32707

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.


Registered Agent's Signature / Authorized Representative

(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.)

William R. Cross
Typed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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