Florida Department of State

SEURETARY OF STATE TALLAMASSEE, FLORIDA

Division of Corporations Public Access System

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(((H03000082290 5)))

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : PARCORP SERVICES, LTD.

Account Number : I19990000011 Phone : (800) 503-2533 Tax Number : (800) 398-0461

LIMITED LIABILITY COMPANY

RECEIVED
BARR 17 PM 2: 10
VISION OF CORPORATIO

PARADISE RETREATS AND SEMINARS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Fax Audit No. (((H03000082290 5)))

STATE OF FLORIDA - ARTICLES OF ORGANIZATION OF PARADISE RETREATS AND SEMINARS, LLC

Pursuant to s. 608.407, Florida Statutes.

FILED

03 MAR 17 PM 3: 25

SEURETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

PARADISE RETREATS AND SEMINARS, LLC

ARTICLE II - Address:

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

1110 CRANE BLVD., SUGARLOAF KEY, FL 33042

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

JERILYN GAROFALO Name 110 CRANE BLVD. Florida street address (P.O. Box NOT ACCEPTABLE) SUGARLOAF KEY, FL 33042 City, State and Zip

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 608, F.S.

ARTICLE IV - 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.

Signature of a member or authorized representative of a member.

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

DAVID L. SURINA

Typed or Printed name of signee

Preparer Info: Parcorp Services, Ltd. / David L. Surina 931 W. 75th Street, Ste. 137-317, Naperville, IL. 60565 / (800) 603-2533 Fax Audit No. (((H03000082290 5))) Fax Audit No. (((H 03000082290 5)))

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

FILED 03 MAR 17 PM SECKETAKY OF S TALLAHASSEE, FL

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507 FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:

PARADISE RETREATS AND SEMINARS, LLC

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

JERILYN GAROFALO
Name
110 CRANE BLVD.
 Florida street address (P.O. Box NOT ACCEPTABLE)
 SUGARLOAF KEY, FL 33042
City, State and Zip

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 JERILYN GAROFALO

Fax Audit No. (((H03000082290 5)))