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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

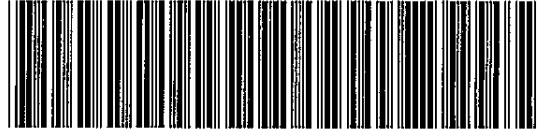
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04 JAN -7 PM 4:20
STATE DEPARTMENT OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
04 JAN -7 PM 4:30
OFFICE OF THE CLERK OF THE COURT
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Paradise Travel and Entertainment Ltd. Co.
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Omari Asim Engram
(Name of Person)

Paradise Travel and Entertainment Ltd. Co.
(Firm/Company)

846 Grand Regency Pointe Apt. 200
(Address)

Altamonte Springs, Florida 32714
(City/State and Zip Code)

For further information concerning this matter, please call:

Omari Asim Engram at (407) 291-3021
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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:

Paradise Travel and Entertainment Ltd. Co.

ARTICLE II - Address:

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

Principal Office Address:

846 Grand Regency Pointe Apt. 200

Altamonte Springs, Florida 32714

Mailing Address:

846 Grand Regency Pointe Apt. 200

Altamonte Springs, Florida 32714

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SECRET
TALLAHASSEE FLORIDA

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

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

Sharonda L. Williams

Name

846 Grand Regency Pointe Apt. 200

Florida street address (P.O. Box **NOT** acceptable)

Altamonte Springs, Florida 32714 FLORIDA

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, Florida Statutes..



Registered Agent's Signature

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR M

Omari Asim Engram
846 Grand Regency Pointe Apt. 200
Altamonte Springs, 32714

MGR M

Sharonda L. Williams
846 Grand Regency Pointe Apt. 200
Altamonte Springs, Florida 32714

MGR M

Barbara Wright
846 Grand Regency Pointe Apt. 200
Altamonte Springs, Florida 32714

MGR M

George Washington Engram
846 Grand Regency Pointe Apt. 200
Altamonte Springs, Florida 32714

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



Signature of a member or an 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.)

Omari Asim Engram

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

FILED
04 JAN - 7 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA