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(Re	questor's Name)	***
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Coples	<u>C</u> ertificates	of Status
Special Instructions to	Filing Officer	1
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Office Use Only



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TRANSMITTAL LETTER

TO: Registration Division of	Section Corporations			
SUBJECT:	- Paradise 418C, LI	_C		
	(Name of Limited Liability	Company)	
The enclosed Article	s of Organization and fee(s) are submitted for	or filing.		
	Please return all correspondence concern	ing this n	natter to the following:	
	John Hosman			
	(Name of Per	son)		
	Hosman Equity Holdin			
	(Firm/Compa	any)		
	2054 Juno Circle)		
	(Address))		
	Pensacola, FL 3252	26		TAIS S
	(City/State and Z	ip Code)		E B T
For further information	on concerning this matter, please call:			ASSEE, OF
Johr	&. (50)_	304-6737	Psi =
(Na	me of Person) (Are	a Code &	Daytime Telephone Number)	MIII: 39

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company	is:
Paradise 418C, LLC	
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2054 Juno Circle	2054 Juno Circle
Pensacola, FL 32526	Pensacola, FL
ARTICLE III - Registered Agent, Register The name and the Florida street address of the	REPORT
John Ho	osman SSI -5
Nan	ne 🖺 🛓 🖯
2054 Jur	no Circle
Florida street address (l	no Circle P.O. Box NOT acceptable)
Pensac	ola <u>FLORIDA</u> 32526
City, State	e, 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

Page 1 of 2 (CONTINUED)

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

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

Title:	Name and Address:		
"MGR" = Manager "MGRM" = Managing Member			
MGKM - Managing Member			
MGR	Hosman Equity Holdings, LLC		
	2054 Juno Circle		
	Pensacola, FL 32526		
MGR	CHS Equity LLC		
	1506 Dove Rd.		
	Tallahassee, FL 32317		
			
(Use attachment if necessary)			
(Ose attachment if necessary)			<u> </u>
		SSE -5	Į.
NOTE: An additional article must l	be added if an effective date is requested.	MII: 40 E, FLORIDA	C
1.022. Zili kadittolidi al ticle ilidat j	be added if an exceesse date is requested.	55 =	
REQUIRED SIGNATURE:		F 5	
		<i></i>	
Signature of a member or an	authorized representative of a member.		
	08.408(3), Florida Statutes, the execution		
of this document constitutes a that the facts stated herein are	n affirmation under the penalties of perjury		
	ohn Hosman		
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)