Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850) 205-0383

From:

Account Name

: A 1 A CORPORATE SERVICES, INC

Account Number: I20010000247

: (800) 494-3124

Phone Fax Number

: (305)675-2811

LIMITED LIABILITY COMPANY

Plan It Paradise LC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY In compliance with Chapter 608,F.S.

ARTICLE I NAME

The name of the Limited Liability Company is: Plan It Paradise LC

ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Limited Limited

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

The name and the Florida street address of the registered agent are: Chris Palkimas 1266 SW 21st Street Boca Raton, Florida 33486

Having been named as registered agent 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..

CHRIS PALKIMAS Registered Agent's Signature

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ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS (optional)

Managing Member: Chris Palkimas 1266 SW 21st Street Boca Raton, Florida 33486

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 sonstitutes an

affirmation under the penalties of perjury that the facts stated herein are true CHRIS PALKIMAS

Typed or printed name of signee

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