## L05000043937

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	}
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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05 MAY -4 PH 1: 17
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## FLORIDA FILING & SEARCH SERVICES, INC. P.O. BOX 10662 TALLAHASSEE, FL 32302 1333 NORTH DUVAL STREET, TALLAHASSEE, FL 32302 PHONE: (800) 435-9371 FAX: (866) 860-8395

\_\_\_\_\_

DATE: 05-04-05

NAME: PARADISE ENTERTAINMENT, LLC

TYPE OF FILING: ARTICLES OF ORGANIZATION

COST: \$125

**RETURN:** 

ACCOUNT: FCA000000015

**AUTHORIZATION:** 

ABBIE/PAUL HODO

ARTICLES OF ORGANIZATION FOR FL	ORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	
Paradise Entertainment LLC	
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
865 Ninth Avenue South	865 Ninth Avenue South
Unit 2	Unit 2
St. Petersburg, FL 33701	St. Petersburg, FL 33701
The name and the Florida street address of the re- Florida Filing & Search Service	
Name	
1333 North Duval Street	
Florida street address (P.O. Box NOT acceptable)	
Tallahassee, FL 32303	Fi.
City, State, as	_ <del></del>
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	accept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S
Registered Agent's	Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
Member - MGRM	Shinea Smith 865 Ninth Avenue South, Unit 2 St. Petersburg, FL 33701
Member - M & R M	Forbes Capital Group LLC 20801 Biscayne Blvd., Ste. 403 Aventura, FL 33180
(Use attachment if necessary)  NOTE: An additional article must be a	added if an effective date is requested.
REQUIRED SIGNATURE:	
Signature of a member or	an authorized representative of a member.
of this document constitutes that the facts stated herein	608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury are true.)  A BALL printed dame of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)