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PICK-UP WAIT MAIL		
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SECRETARY OF STATE DIVISION OF CORPORATIO

T. HAMPTON

APR - 6 2010

EXAMINER

COVER LETTER

TO:

Registration Section

Division of Corporations	
SUBJECT: Paradise Home Inve	estors, LLC
	ed Liability Company)
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this mat	•
Ben G. Pearce	
	(Name of Person)
Paradise Home Investors, L	LC
	(Firm/Company)
2161 Ficus St.	
	(Address)
Mascotte, FL 34753	
	y/State and Zip Code)
For further information concerning this matter, pleas	e call:
Ben G. Pearce	at (407) 608-3350
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
	Marsan During Barana During B
\$125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status}	✓\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy Certificate of Status &
	(additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Our of Court of Address
Malling Address Registration Section	Street/Courier Address Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle
•	Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR	FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company	γ is:
Paradise Home Investors, LLC	
(Must end with the words "Limited I	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2161 Ficus St.	2161 Ficus St.
Mascotte	Mascotte
FL 34753	FL 34753
	ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another
The name and the Florida street address of t	he registered agent are:
Ben G. Pear	ce
	ame
2161 Ficus St.	
	t address (P.O. Box NOT acceptable)

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..

Mascotte, FL 347_F53
City, State, and Zip

(CONTINUED) Page 1 of 2

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 Ben G. Pearce MGRM 2161 Ficus St. Mascotte, FL 34753 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: _. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **REQUIRED SIGNATURE:**

Ben G. Pearce

that the facts stated herein are true.)

Typed or printed name of signee

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

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)

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