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SECRETARY OF STATE TALLAHASSEE, FLORIDA

T. CLINE

OCT 12 2011

EXAMINER

COVER LETTER

Paradi	11	-10-15 110	
SUBJECT: Paradis		nt Solutions LLC.	
	isame of the	пест глаотну Сотрану	
The enclosed Articles of G	Organization and fee(s) as	re submitted for filing.	
Please return all correspon	ndence concerning this m	atter to the following:	
James W	Poppleton		
ournes vv.	1 oppictori	Name of Person	
		Firm/Company	
400770 000			
13676 80t	h Lane N.		
		Address	
West Palm F	Beach, FL. 3341.	2	
VV 00011 011111		City/State and Zip Code	
			1
		for future annual report notification)	AL SE SE
	E-mail address: (to be used	•	
For further information co	`	se call:	LARE 100
	oncerning this matter, plea		LOCT I
James W. Popple	oncerning this matter, plea	at (561753-3097	SECRETARY O
	oncerning this matter, plea		
James W. Popple	oncerning this matter, pleaston Person	at (561753-3097	
James W. Poppler Name of	ton Person the following amount:	at (561 753-3097 Area Code & Daytime Telep	hone Number FLORIDA
James W. Poppler Name of	oncerning this matter, pleaston Person	at (561753-3097	
James W. Poppler Name of	ton Person the following amount: \$130.00 Filing Fee &	at (561 753-3097 Area Code & Daytime Telep	\$160.00 Filing Fee. Certificate of Status & Certified Copy
James W. Poppler Name of	ton Person the following amount: \$130.00 Filing Fee &	at (561 753-3097 Area Code & Daytime Telep \$155.00 Filing Fee & Certified Copy	hone Number FLORIE STATE
James W. Poppler Name of	ton Person the following amount: \$130.00 Filing Fee &	at (561 753-3097 Area Code & Daytime Telep \$155.00 Filing Fee & Certified Copy	\$160.00 Filing Fee. Certificate of Status & Certified Copy

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
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 is:	
- "	
Paradise Management Solution	ns LLC.
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the pri	ncipal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
13676 80th Lane N.	13676 80th Lane N.
West Palm Beach, FL. 33412	West Palm Beach, FL.
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	ered Agent. You must designate an individual or another
ousiness entity with an active riorida registration.)	
The name and the Florida street address of the re	egistered agent are: ₹₹ 8
James W. Poppleton	2011 OCT 11 SECRETARY ALLAHASSE
Name	<u> </u>
13676 80th Lane	NI ™ ±¥
Florida street add	ress (P.O. Box NOT acceptable)
West Palm Reach	33/12

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..

City, State, and Zip

Registered Agent's Signature (REQUIRED)

(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	Name and Address:
"MGRM" = Managing Member	
MGR	James W. Poppleton
	13676 80th Lane N.
	West Palm Beach, FL. 33412
·	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the	ne date of filing: 01 / 01 / 2012 (ORTIONAL)
(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.)	
	AS AS
REQUIRED SIGNATURE:	SEX - SEX
REQUIRED SIGNATURE:	
Signature of a mem	ber or an authorized representative of a member.
/	,
constitutes an affirmation und	08.408(3), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true.

I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

James W. Poppleton

Typed or printed name 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)