US000199714

(F	Requestor's Name)	
, (A	Address)	
(A	Address)	
(0	City/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Nan	ne)
(Ē	Ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	o Filing Officer:	
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15 DEC -3 PH 12: 23

RECEIVED OF STATE

DEC 0 3 2015 T SCHROEDER CORPORATION SERVICE COMPANY
1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

COST LIMIT: \$125,00

REFERENCE: 859477

8070877

ORDER DATE: November 3, 2015

ORDER TIME : 10:09 AM

ORDER NO. : 859477-001

CUSTOMER NO: 8070877

DOMESTIC FILING

NAME: PARADISE GARDEN GROUP, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - EXT. 62935

EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	DEN GROUP, LLC			
(Must en	d with the words "Limited Lia	bility Company, "L.L.C.,"	or "LLC.")	
ARTICLE II - Address: The mailing address and street	t address of the principal office	of the Limited Liability C	ompany is:	
Principal Office Address:		<u> </u>	Mailing Address:	
205 Spanish Oak T	Frail	205 Spanish Oal	k Trail	
	Longwood FL 32779			
(The Limited Liability Compa	gent, Registered Office, & R		ıre;	
(The Limited Liability Compa another business entity with a	Agent, Registered Office, & R ny cannot serve as its own Reg n active Florida registration.)	legistered Agent's Signatu gistered Agent. You must de	are: esignate an individual or	
(The Limited Liability Compa another business entity with a	Agent, Registered Office, & R ny cannot serve as its own Reg n active Florida registration.)	egistered Agent's Signaturistered Agent. You must de ent are:	esignate an individual or	
(The Limited Liability Compa another business entity with a	Agent, Registered Office, & R ny cannot serve as its own Reg n active Florida registration.) et address of the registered age Corporation Service Com	egistered Agent's Signaturistered Agent. You must de ent are:	esignate an individual or	
(The Limited Liability Compa another business entity with a	Agent, Registered Office, & R ny cannot serve as its own Reg n active Florida registration.) et address of the registered age Corporation Service Com	egistered Agent's Signaturistered Agent. You must despite are:	esignate an individual or	
(The Limited Liability Compa another business entity with a	Agent, Registered Office, & R ny cannot serve as its own Reg n active Florida registration.) et address of the registered age Corporation Service Com Na 1201 Hays Street	egistered Agent's Signaturistered Agent. You must despite are:	esignate an individual or	
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a The name and the Florida stree	Agent, Registered Office, & R ny cannot serve as its own Reg n active Florida registration.) et address of the registered age Corporation Service Com Na 1201 Hays Street	egistered Agent's Signaturistered Agent. You must despite are:	esignate an individual or	

Having been named as registered agent and to accept service of process for the above stated limited liability companyat to 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, at am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

By: authorities Company

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

"AMBR" = Autho		Name and Address:				
"MGR" = Manage AMBR	er 1	MOHAMMADHOSSEIN ALIPOUR				
		205 SPANISH OAK TRAIL				
]	LONGWOOD FL 32779				
<u> </u>						
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(Use attachment i	f necessary)					
	TICLE V: Effective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be more the		(OPTIONAL) han five business days prior to or 9			
ARTICLE V: Effective da (If an effective date is liste	d, the date must be specific and (
(If an effective date is liste the date of filing.)						
(If an effective date is liste the date of filing.) Note: If the date inserted	in this block does not meet the ap	plicable statutory filing requirements, this date	will no			
(If an effective date is liste the date of filing.) Note: If the date inserted		plicable statutory filing requirements, this date	e will no			
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(If an effective date is liste the date of filing.) Note: If the date inserted	in this block does not meet the ap late on the Department of State's i	plicable statutory filing requirements, this date	will no			

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

MOHAMMADHOSSEIN ALIPOUR

constitutes a third degree felony as provided for in s.817.155, F.S.

\$ 5.00 Certificate of Status (Optional)