

L15000202785

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

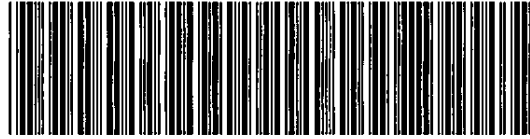
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TALLAHASSEE, FLORIDA

DEC ' 9 2015

S. GILBERT

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Paradise Management Group, LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cristin Silliman

Name of Person

The Legacy Law Firm

Firm/Company

PO Box 2365

Address

Oldsmar, Florida 34677

City/State and Zip Code

cristins@thelegacylawfirmllc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cristin Silliman at (813) 925 8083

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

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

Street Address

New Filing 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 Group, LLC

ARTICLE II – Address:

The mailing address for the Limited Liability Company is:

50 St. Andrews Place, Oldsmar, Florida 34677.

The principal address for the Limited Liability Company is:

50 St. Andrews Place, Oldsmar, Florida 34677.

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

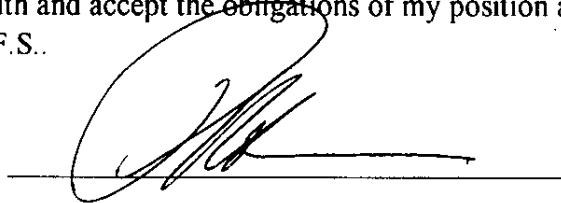
The name and street address for the registered agent are:

Peter Makras

50 St. Andrews Place

Oldsmar, Florida 34677

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 605, F.S..



Registered Agent's Signature

ARTICLE IV –

The name and address of each person authorized to manage and control the Limited Liability Company are:

FILED
15 DEC -1 AM 8:58
CLERK OF CIRCUIT COURT
HALL COUNTY, FLORIDA

TITLE:

AMBR

NAME AND ADDRESS:

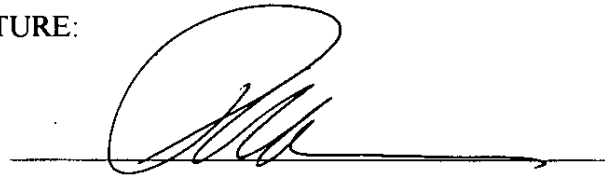
Peter Makras

50 St. Andrews Place

Oldsmar, Florida 34677

ARTICLE V – The effective date is the date of filing.

REQUIRED SIGNATURE:

A handwritten signature in black ink, appearing to be 'PM', is written over a horizontal line.

PETER MAKRAS

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.

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.