

L1500020P1581

(Requestor's Name)

(Address)

(Address)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Paragon Innovations, 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:

Connor Powers
Name of Person

c/o Embry-Riddle Aero Univ. Dept. of
Firm/Company Civil Engineering

600 S. Clyde Morris Blvd.
Address

Daytona Beach FL 32114
City/State and Zip Code

Criador@Eran.edu
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rosa Criador at (386) 226-7979
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

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Connor Powers

5503 2nd Ave dr W

Braidenton, FL 34209

AMBR

Vance Collie

240 Nettles Ln Apt #303

Ponte Vedra, FL 32081

AMBR

Chandler Martin

9313 Heritage Oak Ct.

Tampa, FL 33617

AMBR

Abdurrahman Sirika

123 Integra breeze lane

apt. 202

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: Jan. 1, 2016 (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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Connor Powers

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.

Connor Powers

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)

Attachment

Article IV - continued

AMBR

Samuel Valladares

1200 Floral Springs Blvd #29302

Port Orange, FL 32129

AMBR

Blake Herrera

133 Powell Blvd. Daytona Beach FL, 32114 United States

AMBR

Jordan Nakayama

600 South Clyde Morris Blvd #4301

Daytona Beach FL 32114