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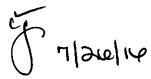
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## **COVER LETTER**

TO:	Registration Section Division of Corporations			
SUBJE	CT: Manufacturing in Paradise LLC Name of Limited Liability Company			
The enc	losed Articles of Organization and fee(s) are submitted for filing.			
Please re	eturn all correspondence concerning this matter to the following:			
	Carl C. Connell Name of Person			
	Manufacturing in Paradise LLC Firm/Company			
	1050 Fremont Street			
	Address			
	New Smyrna Beach FL 32168 City/State and Zip Code many facturing in paradise @ gmail. com			
	E-mail address: (to be used for future annual report notification)			
For furthe	r information concerning this matter, please call:			
	Carl C. Counell at (386) 428-5566  Name of Person Area Code Daytime Telephone Number			
Enclosed is a check for the following amount:  \$\frac{125.00 \text{ Filing Fee}}{25.00 \text{ Filing Fee}} \text{\$\frac{155.00 \text{ Filing Fee}}{25.00 \text{ Filing Fee}}} \text{\$\frac{160.00 \text{ Filing Fee}}{25.00  Filing Fee				
C	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 Tallahassee, FL 32314  Z661 Executive Center Circle Tallahassee, FL 32301			



## FLORIDA DEPARTMENT OF STATE Division of Corporations

June 10, 2016

CARL C. CONNELL 1050 FREMONT STREET NEW SMYRNA BEACH, FL 32168

SUBJECT: MANUFACTURING IN PARADISE LLC

Ref. Number: W16000042677

We have received your document for MANUFACTURING IN PARADISE LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the city name in its entirety abbreviation is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 916A00012325

RECEIVED

16 JUL 25 PH 12: 3

AL ANT SERVED

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FILED

6 JUL 25 MI ID: 44

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

1)

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**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

FILED

16 JUL 25 AH ID: 44

110

Zip

Manufacturing in Parac		WARETARY OF
(Must end with the words Limited Liability Comp	ny, "L.L.C.," or "LLC	(2) (A) (A) (A) (A)
ARTICLE II - Address: The mailing address and street address of the principal office of the Lim	ed Liability Company	is:
Principal Office Address:	<u>Mailing</u>	Address:
1050 Fremont Street	16 Fairge	reen Ave
New Smyrna Reach F-L 32168	Ven Smyrn	2168
ARTICLE III - Registered Agent, Registered Office, & Registered Agent (The Limited Liability Company cannot serve as its own Registered Agent another business entity with an active Florida registration.)		an individua <del>l</del> or
The name and the Florida street address of the registered agent are:		
Carl C. Co.	nell	
Name		
16 Fairgreen	Ave.	
Florida street address (P.O. Box NO	acceptable)	
New Smyrna Robert	32168	

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..

State<sup>1</sup>

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
MGR	Carl C. Connel  16 Fairgreen Ave  New Smyrna Beach,	 
(Use attachment if necessary)		
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