

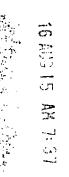
(Requestor's Name)
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PICK-UP WAIT MAIL
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(Document Number)
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## **COVER LETTER**

то:	Registration Section Division of Corporations
SUBJE	CT: Paradise Garden 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:
	ENYS Arce Francisco Gonzalez Name of Person
	Firm/Company
	320 Florida BlVd Address
	City/State and Zip Code
	- Crysuice eginali. com or alexiscio ex equinos. com
For furthe	E-mail address: (to be used for future annual report notification) or information concerning this matter, please call:
	Francisco Gonzalezat (786 ) 229-0292  Name of Person Area Code Daytime Telephone Number
Enclose	d is a check for the following amount:
\$125.00	Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



## FLORIDA DEPARTMENT OF STATE Division of Corporations

July 20, 2016

EIVYS ARCE/FRANCISCO GONZALEZ 320 FLORIDA BLVD MIAMI, FL 33144

SUBJECT: PARADISE GARDEN LLC

Ref. Number: W16000050449

We have received your document for PARADISE GARDEN LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return 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.

Jessica A Fason Regulatory Specialist II

Letter Number: 716A00015205

New: The Green Paradise Garden, LLC

16 AUG 15 PM 4: 34

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liab	ility Company is:		
The Gree	n Paradise	Charden	LLC
(Must er	d with the words "Limited Liabil	ity Company, "L.L.C.,	," or "LLC.")
ARTICLE II - Address: The mailing address and stree	t address of the principal office of	the Limited Liability	Company is:
Princ	ipal Office Address:		Mailing Address:
320 Flor Miami,	ida Blud FL 33144	327 M10	) Florida BNd imi, FL 33144
(The Limited Liability Compa another business entity with a	_	ered Agent. You must	ature: designate an individual or
The name and the Florida stre	et address of the registered agent	_	
	<u> Ende</u>	Arce	
	Name	•	
	320 Flori		
	Florida street address (P.O.	•	·
	Miami	FL 3	3144
	City	State	Zip
place designated in this certification further agree to comply with the	nte, I hereby accept the appointment provisions of all statutes relating obligations of my position as regis	nt as registered agent a to the proper and comp	•

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Francisco Gonzalez
MGR	Francisco Gonzalez 320 Florida Blud
	Miami, FL 33144
MGR	ENUS Arce
	320 Florida Blud
	MIGMI FL 33144
	Vertex de Will Proceeds and Administration of the Committee of the Committ
•	of filing: (OPTIONAL)
EV: Effective date, if other than the date ective date is listed, the date must be spenf filing.) The date inserted in this block does not ment's effective date on the Department of	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90 eneet the applicable statutory filing requirements, this date will not of State's records.
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E V: Effective date, if other than the date ective date is listed, the date must be spenfilling.)  The date inserted in this block does not ment's effective date on the Department of E VI: Other provisions, if any.  REOUIRED SIGNATURE:	neet the applicable statutory filing requirements, this date will not of State's records.  There of an authorized representative of a member.
EV: Effective date, if other than the date ective date is listed, the date must be specifiling.)  The date inserted in this block does not ment's effective date on the Department of EVI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a me This document is execut 1 am aware that any false	neet the applicable statutory filing requirements, this date will not of State's records.  There is an authorized representative of a member.  The in accordance with section 605.0203 (1) (b), Florida Statutes.  The information submitted in a document to the Department of State
ective date is listed, the date must be spend filing.) If the date inserted in this block does not ment's effective date on the Department of EVI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a me This document is execut 1 am aware that any false constitutes a third degree	neet the applicable statutory filing requirements, this date will not of State's records.  The of an authorized representative of a member.  The in accordance with section 605.0203 (1) (b), Florida Statutes.

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)

ARTICLE IV-