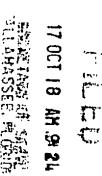
# <u>L17000216008</u>

| (Address)  (Address)  (City/State/Zip/Phone #)  (Document Number)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer: | (Re                     | questor's Name)    |               |
|--|-------------------------|--------------------|---------------|
| (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  | (Ad                     | dress)             |               |
| (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status   | (Ād                     | dress)             |               |
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| Certified Copies Certificates of Status  |                         |                    |               |
| Special Instructions to Filing Officer:  |                         |                    |               |
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| Office Use Only  |                         |                    | <del></del> _ |



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OCT 1 9 2017

K. Brumbley

## COVER LETTÉR

| 1'O: New Filing Section Division of Corporations   |
|--|
| SUBJECT: PARADISE FLY. 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:  |
| CHRISTOPHER ISKACKETT  Name of Person  |
| PARADISE FLY Firm/Company  |
| 4405 DIAMOND CRCLE N. Address  |
| SARASOTA FL 34233 City/State and Zip Code  |
| E-mail address: (to be used for future annual report notification)   |
| For further information concerning this matter, please call:   |
| CHIS BRACKETT at (941) 780-1249  Name of Person Area Code Daytime Telephone Number   |
| Enclosed is a check for the following amount:  |
| \$125.00 Filing Fee \$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed)  S160.00 Filing Fee, 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

| PARA  | DISE FLY   | Company, "L.L.C.," or "LLC.")  |  |
|---|--|--|--|
| (Must contain the w   | ords "Limited Liability C  | Company, "L.L.C" or "LLC.")  |  |
| ARTICLE II - Address:<br>The mailing address and street address of  | the principal office of the  | e Limited Liability Company is:  |  |
| Principal Office  | Address:   | Mailing Address:   |  |
| 4405 Diam   | and Cir. N   | 4405 DIRMOND (   | JR.N.                                  |
| Sarasota f  | 1 34233  | SARASOTA, FL 34  | 233                                    |
| (The Limited Liability Company cannot sanother business entity with an active Florida street address of the name and the Florida street address of Florida Sanother and the Florida street address of the name and the name and the Florida street address of the name and the name | orida registration.) of the registered agent are Name S DAMOND ( da street address (P.O. Bo City State | SRACKETT  CRCLE. N.  x NOT acceptable)  34233  e Zip                               | 17 OCT 18 AH SH &L<br>SECTION OF SHORE |
| lace designated in this certificate, I hereby<br>irther agree to comply with the provisions<br>m familiar with and accept the obligations   | accept the appointment a<br>of all statutes relating to the<br>of my position as register              | s registered agent and agree to act in th<br>he proper and complete performance of | is capacity. I<br>my duties, and I     |

(CONTINUED)

| Title: "AMBR" = Authorized Member                                 | Name and Address:  |
|---|--|
| "MGR" = Manager   | CHRISTOPHER BEACKETT<br>1405 DIAMOND ENCLE NO.<br>SARASOTA FL 34233  |
| <del></del>   |  |
|   |  |
|   |  |
| <del></del>   |  |
| (Use attachment if necessary)                                     |  |
| n effective date is listed, the date must be s<br>ate of filing.) | the of filing: <u>Oct 23,2017</u> . (OPTIONAL)  specific and cannot be more than five business days prior to or 90 days  t meet the applicable statutory filing requirements, this date will not be li |
| document's effective date on the Department                       | · · · · · · · · · · · · · · · · · · ·  |
| TCLE VI: Other provisions, if any.                                |  |
|   |  |
|   |  |

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

Signature of a member of 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.

Typed or printed name of signed

### Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)