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(Add	dress)	-			
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Certified Copies	_ Cedificate	s of Status			
Special Instructions to Filing Officer:					
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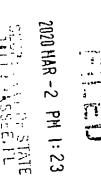


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J. FASON MAR 02 2020



COVER LETTER

TO: New Filing Section Division of Corporations					
SUBJECT: Paradise Collectionz 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:					
Harriett Forrest Name of Person					
Nume of Ferson					
Firm/Company					
16/72/2016					
106 + 6 Jachs Drive					
Addits.					
1011ahassee 1-6 32301					
City/State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Harriett Forget 850, 408-5490 Name of Person Area Code Daytime Telephone Number					
Name of reason Rea Code Dayante receptione Number					
Enclosed is a check for the following amount:					
□S125.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) □S160.00 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	R	TI	CI	Æ	1 -	Na	me:
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The name of the Limited Liability Company is:

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:		Mailing Address:
1567 BJACK Drive	is same	
Tallahussee I-L 32301		
		

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

City State

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.

(CONTINUED)

The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: Title: "AMBR" = Authorized Member "MGR" = Manager (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (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:

ARTICLE IV-

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.

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)