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(Requestor's Name)
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☐ PICK-UP ☐ WAIT ☐ MAIL
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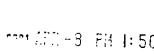
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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

& N Paradise, LLC			l e e e e e e e e e e e e e e e e e e e
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			Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
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		1	RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
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			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
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Signature			Vehicle Search
			Driving Record
Requested by: SETH	04/07/01		UCC 1 or 3 File
	04/06/21		UCC 11 Search
Name	Date	Time	UCC 11 Retrieval
Walk-In	Will Pick Up		Courier





## FLORIDA DEPARTMENT OF STATE Division of Corporations

April 7, 2021

CAPITAL CONNECTION

SUBJECT: E & N LLC

Ref. Number: W21000046415

We have received your document for E & N 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 administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

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.

Neysa Culligan Regulatory Specialist III

Letter Number: 621A00007178

### COVER LETTER

	vision of Corpe				
SUBJECT:		E & 1	N Paradi	se, L <b>L</b> C	1
50502011	·	Name o	of Limited Lia	bility Company	
The enclose	ed Articles of Or	ganization and fee	(s) are submit	ted for filing.	
Please retur	n all correspond	ence concerning th	is matter to th	e following:	
	Gregory S. Oro	peza, Esq.			
			Name	of Person	
	Oropeza, Stone	& Cardenas, PLI	.c		i I
			Firm/	Company	-
	221 Simonton S	treet			
			Λd	dress	
	Key West, FL 3	3040			
e	Iliota403@gma	l.com	City/State	and Zip Code	
	E-n	ail address: (to be	used for futur	e annual report notificati	on)
For further in	formation conce	rning this matter, p	lease call:		j
(	Gac Ganister	,	305 .t.(	294-0252	
_	Name o	Person		Daytime Telephone	Number
Enclosed is	a check for the I	ollowing amount:			
□8125.001		1\$130.00 Filing F Certificate of Statu	s Cert	155.00 Filing Fee & ified Copy onal copy is enclosed)	□\$160.00 Filing Fec, Certificate of Status & Certified Copy (additional copy is enclosed)
	P.O. Box	s Section f Corporations		Street Address New Filing Section Di The Centre of Tallaha 2415 N Monroe Stree Tallahassee, FL 32303	ssee et, Suite 810

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED IJABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: E & N Paradise, LLC (Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
3841 N. Roosevelt Blvd., Unit 327	120 W. Park Avenue, Suite 308D
Kcy West, FL 33040	Long Beach, NY 11561

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:

Gregory S. Oropeza	Name	
	Name	
221 Simonton Stree	t	
Florida street addre	ss (P.O. Box <u>NOT</u> ac	cceptable)
Key West	FL	33040
City	State	Zip

Having been named as registered ugent 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 l am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	Elliot Ambramowitz 120 W. Park Avenue, Suite 308D Long Beach, NY 11561
AMBR	Nan Ambrainowitz 120 W. Park Avenue, Suite 308D Long Beach, NY 11561
	(A) -1 (A) -2 (A) -1 (A
(Use attachment if necessary)	FE STATE
fective date is listed, the date must be of filing.)	date of filing: (OPTIONAL)  e specific and cannot be more than five business days prior to or 90 da  not meet the applicable statutory filing requirements, this date will not be neut of State's records.
EVI: Other provisions, if any.	
REOUTRED SIGNATURE:	

Filing Fees:

I am aware that any false information submitted in a document to the Department of State

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

constitutes a third degree felony as provided for in s.817.155, F.S.

Gregory S. Oroneza, authorized representative
Typed or printed name of signee

\$ 5.00 Certificate of Status (Optional)