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TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: PARAGON PUMP COMPANY	
(Name of Li	mited Liability Company)
The enclosed "Application by Foreign Limited L Florida," Certificate of Existence, and check are liability company to transact business in Florida.	Liability Company for Authorization to Transact Business in submitted to register the above referenced foreign limited
Please return all correspondence concerning this	matter to the following:
Joseph W. Cangi	
(1)	Name of Person)
Paragon Pump Company	
(I	Firm/Company)
18102 Courtney Breeze Drive	
	(Address)
Tampa, Florida 33647	OS JUI
(City/	State and Zip Code)
For further information concerning this matter, p	
Joseph W. Cangi	at (813) 994-3356 FL ORIFE 52
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
409 E. Gaines Street	P.O. Box 6327
Tallahassee, Florida 32399	Tallahassee, Florida 32314
Enclosed is a check for the following amount:	
☑ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Paragon Pump Company , LLC	
(Name of Foreign Limited	l Liability Company)
State of Delaware	3
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
May 31, 2001	5. Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
No business transacted as of May 13, 2005	
(Date first transacted business in) (See sections 608.501 & 608.502 F	
18102 Courtney Breeze Drive	
Tampa, Florida 33647	
(Street Addre	ss of Principal Office)
. If limited liability company is a manager-manage	ed company, check here
. The name and usual business addresses of the ma	maging members or managers are as follows:
Joseph W. Cangi-18102 Courtney Breeze Drive, Tar	mpa, Florida, 33647 全部 全部
	တို့ တ
	FLOT 2:
	RITE RITE
<u> </u>	0 days old, duly authenticated by the official having custody of records
ie junisalica on under the law of which this organized. (A photoco anslation of the certificate under eath of the translator must be su	opy is not acceptable. If the certificate is in a foreign language, a
CALIBRATICA DE CARLOS CARRA CONTO DE CARROS ITANS CONTO	animuly
1. Nature of business or purposes to be conducted	or promoted in Florida: Importing, sales and
exporting of pumps and electric motors.	
Inseal,	W. Canai
(In accordance with section 608.408(3)	authorized representative of a member. F.S., the execution of this document constitutes erjury that the facts stated herein are true.)
JOSEPH	W. CANGI
Typed or print	ed name of signee

TITLE OF AUTHORIZED REPRESENTATIVE

President

Fax Form: Primary Account Contact Change Form
Fax To: Network Solutions Customer Service

Fax Number: 571-434-4629

RE: Account: 29295990, Account Holder: Paragon Pump Company

Tape Photo ID here and place on copy machine.

PRIMARY ACCOUNT CONTACT FORM INSTRUCTIONS

Network Solutions makes every effort to protect the security of our customers' domain names. For security purposes, we will send a notice of this request to change the Primary Account Contact to the current Primary Account Contact of record.

Primary Account Contact change requests are usually processed in three (3) business days. If the current Primary Contact notifies us that this request should not be processed, we may not process this request.

It is our goal to ensure that all faxes are processed as quickly and efficiently as possible. Please carefully follow the below instructions to ensure your fax can be processed. Missing or incomplete information may delay the processing

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name	of the Limited Liabili	ty Company is:			
Paragon Pump	p Company, LLC				_
2. The name	and the Florida street	address of the registered ag	ent and office are:		
	Joseph W. Cangi			_	
		(Name)		-	
	18102 Courtney Bre	eze Dr.			
	Florida	Street Address (P.O. Box NOT	ACCEPTABLE)	_	
	Tampa,	FL 33647 City/State/Zip	7	05 J SEC TALL	77
		Chy/State/Lip		語	***************************************
liability compagent and agr relating to the	oany at the place design ree to act in this capact e proper and complete	gent and to accept service of pated in this certificate, I here ity. I further agree to comply performance of my duties, and pred agent as provided for in	eby accept the appointr y with the provisions of nd I am familiar with ar	ment de Fegist er ed fall statut <u>e</u> s 🤥 nd accept the 💆	

\$ 100.00 Filing Fee for Application

\$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

\$ 25.00 Designation of Registered Agent



PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PARAGON PUMP COMPANY, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTH DAY OF JUNE, A.D. 2005.



Darriet Smith Hindson

AUTHENTICATION: 3926638

DATE: 06-06-05

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