MO600002748

(Re	equestor's Name)					
(Ad	dress)					
(Ad	ldress)					
(Cit	ty/State/Zip/Phone	e #)				
PICK-UP	WAIT	MAIL				
(Bu	siness Entity Nar	ne)				
(Document Number)						
Certified Copies	_ Certificates	s of Status				
Special Instructions to Filing Officer:						
		,				

Office Use Only



000074434270

05/11/06--01034--002 **160.00

SECRETARY OF STATE OF STATE



COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: _	PARAdise	South Name of Lim	LLC nited Liability Company)		
Florida," Cert		gn Limited Lia	ability Company for Authorization to Tranubmitted to register the above referenced to		
Please return a	all correspondence co	ncerning this n	natter to the following:		
	Joseph	Rombol	A	200	
			·	2006 HAY 1	SECRETAF 1810H OF
	Paradise			PH 2: 40 	CONTRACTOR OF STATE
	Pos	<u> </u>	(Address)	<u> </u>	OH.
	Shinley	(City/Si	tate and Zip Code)		
For further in	formation concerning	this matter, ple	ease call:		
Joseph	(Name of Pe	rson)	at (631) 804-1826 (Area Code & Daytime Telephone N	Jumber)	
Division P.O. B	JNG ADDRESS: on of Corporations lox 6327 assee, FL 32314		STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		
	check for the following the control of the control	ng amount: 0.00 Filing Fee & Certificate o		Fee, Certificatus & Certif	cate ĭed Copy

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: Stak of Deleware.
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) Box 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) Typed or printed name of signee

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	\sim					
	PARA	dise	SouR	LLC		
2. The name and	d the Florid	a street addre	ess of the regis	stered agent a	nd office are:	
	Joseph	Romb.	113			_
			(Name)			20 20
	2025	Laver	s Circle	_ Suit	e D304	DIVISION (2006 HAY
		Florida Street	Address (P.O. Bo	OX NOT ACCEPT	ABLE)	_ Y
	Delnay	Beach	F.	L 33	444	RY OF STATE COMMERCION I PH 2:40
			City/Sta	te/Zip		- %
Having been nan liability company agent and agree relating to the probligations of my	v at the plac to act in this coper and co	e designated s capacity. I j mplete perfoi registered as	in this certifica further agree t rmance of my d	ite, I hereby a o comply with luties, and I a	ccept the appoint the provisions o n familiar with a	stated limited tment as registered f all statutes and accept the

\$ 100.00 Filing Fee for Application

\$ 25.00

\$ 30.00 \$ 5.00 Designation of Registered Agent

Certificate of Status (optional)

Certified Copy (optional)

PAGE

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PARADISE SOUTH 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 APRIL, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PARADISE SOUTH LLC" WAS FORMED ON THE FOURTEENTH DAY OF MARCH, A.D. 2006.

4125587 8300

AUTHENTICATION: 4648352

DATE: 04-06-06

060323830