# MILD0001704

(Re	questor's Name)	
(Ac	dress)	
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(Cit	ty/State/Zip/Phone	e #)
		MAIL
(Bu	isiness Entity Nan	ne)
(Dc	cument Number)	
Certified Copies	_ Certificates	of Status
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T WASHINGTON

SEP 2 8 2016

COVER LETTER					
TO: Registration Section Division of Corporations					
SUBJECT: Paradise Property Holdings, Ltd, LLC					
Name of Limi	ted Liability Company				
The enclosed "Application by Foreign Limited Liability Company Existence, and check are submitted to register the above reference	for Authorization to Tra d foreign limited liabilit	ansact Business in Florida," Certificate of y company to transact business in Florida			
Please return all correspondence concerning this matter to the follo	owing:				
Angela Edwards					
Name	of Person				
Firm/	Company				
415 Pisgah Church Rd., Suite 362					
Ad	ddress				
Greensboro, NC 27455					
City/State	and Zip Code				
aedwards@oasisrealestatesolutions.com					
E-mail address: (to be used for	future annual report no	tification)			
For further information concerning this matter, please call:					
Angela Edwards	336 375-87	117			
Name of Contact Person	Area Code Da	ytime Telephone Number			
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	Division Registra Clifton I 2661 Ex	<u>TADDRESS:</u> of Corporations tion Section Building ecutive Center Circle see. FL 32301			
	\$155.00 Filing Fee & ertified Copy	□ \$160.00 Filing Fee, Certificate of Status & Certified Copy			

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

## IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN-LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

### 1. Paradise Property Holdings. Ltd. LLC

(Name of Foreign Limited Li	ability Company; must include '	"Limited Liability Company,"	"L.L.C" or "LLC.")
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2. Nevada	3.	N/A	
	e law of which foreign limited liability	(FEl number, if applicable)	
4. N/A			_
<u> </u>	(Date first transacted business in Flo (See sections 605.0904 & 605.0905, F	orida, if prior to registration.) (S. to determine penalty liability)	-
5. 4730 S. Fort Apa	che Rd Suite 300	· · · · · · · · · · · · · · · · · · ·	
Las Vegas, NV 8	39147		6 SEP 2
	(Street Address of Principa	l Office)	
6. 415 Pisgah Churc	h Rd., Suite 362		- 33 E E
Greensboro, NC	27455		
······································	. (Mailing Address	)	
7. Name and street a	uddress of Florida registered agent: (P.O. Box	( <u>NOT</u> acceptable)	33 10 10
Name:	InCorp Services, Inc.		
Office Add	ress: 17888 67th Court North		
	Loxahatchee	, Florida <sup>33470</sup>	
	(City)	(Zip code)	-

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Kathy Shin on behalf of InCorp Services, Inc. (Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Matthew Edwards, Manager - 415 Pisgah Church Rd., Suite 362, Greensboro, NC 27455

Angela Edwards, Manager - 415 Pisgah Church Rd., Suite 362, Greensboro, NC 27455

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

Signature of an authorized person

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.

Angela Edwards, Manager



# CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do phereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **PARADISE PROPERTY HOLDINGS, LTD**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since June 28, 2016, and is in good standing in this state.



Electronic Certificate Certificate Number: C20160914-0385 You may verify this electronic certificate online at http://www.nvsos.gov/ IN WITNESS WHEREOF, 1 have hereunto set my hand and affixed the Great Seal of State, at my office on September 14, 2016.

A

erhora K. Cegenste

BARBARA K. CEGAVSKE Secretary of State