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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6363

From: Account Name : HARVARD BUSINESS SERVICES, INC.  
Account Number : 120380000045  
Phone : (302) 645-7400  
Fax Number : (302) 645-1280

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: paradisesuppliersllc@gmail.com

RECEIVED  
2017 AUG 16 AM 9:33  
CLERK OF THE COURT  
TALLAHASSEE, FLORIDA

Foreign Limited Liability Company  
Paradise Suppliers LLC

Certificate of Status	1
Certified Copy	0
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FILED  
2017 AUG 16 AM 10:21  
CLERK OF THE COURT  
TALLAHASSEE, FLORIDA

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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 Suppliers LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

2. Delaware

(Jurisdiction under the law of which foreign limited liability company is organized)

3.

(FEI number, if applicable)

4.

(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability)

5.

(Street Address of Principal Office)

21245 Ne 9th Ct., Unit 4

North Miami Beach, FL 33179

6.

(Mailing Address)

21245 Ne 9th Ct., Unit 4

North Miami Beach, FL 33179

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: JURELLE R NAIRN

Office Address: 21245 Ne 9th Ct., Unit 4

North Miami Beach, Florida 33179

(City)

(Zip code)

## Registered agent's acceptance:

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 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.

(Registered agent's signature)

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

Title or Capacity:Name and Address:Title or Capacity:Name and Address:

AMBR

JURELLE R NAIRN

AMBR

Narissa Eve

21245 Ne 9th Ct., Unit 4  
North Miami Beach, FL 3317921245 Ne 9th Ct., Unit 4  
North Miami Beach, FL 33179

(Use attachments if necessary)

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)

10. 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.

Signature of an authorized person

JURELLE R NAIRN

Typed or printed name of signer

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# Delaware

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PARADISE SUPPLIERS 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 FIFTEENTH DAY OF AUGUST, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PARADISE SUPPLIERS LLC" WAS FORMED ON THE SECOND DAY OF MAY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



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SR# 20175737156

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature of Jeffrey W. Bullock, Secretary of State, written in black ink over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 203063902

Date: 08-15-17

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