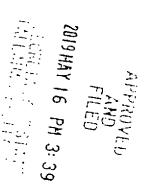
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COVER LETTER

	egistration Section ivision of Corporations					
SUBJECT	PARAGON ENT	ERPRISES, LLC				
SUBJECT	•	Name of Limited Liability Company	_			
		gn Limited Liability Company for Authorization to Transact Business in Florida to register the above referenced foreign limited liability company to transact bus				
Please retu	m all correspondence co	ncerning this matter to the following:				
	ANGEL L. SAN	TIAGO				
		Name of Person	_			
	PARAGON EN	ERPRISES,LLC				
	 	Firm/Company	2019 HAY			
	15751 SHERIDAN STREET #152					
	Address					
	FORT LAUDERDALE, FL 33331					
	City/State and Zip Code					
	ANGEL:SANTIA	GO@PARAGON-ENTERPRISES.COM	. 9			
		E-mail address: (to be used for future annual report notification)	_			
For further	information concerning	this matter, please call:				
٨	NGEL SANTIAGO	844 251-3825 at ()				
_	Name of	Contact Person Area Code Daytime Telephone Number	_			
D Re P.	ivision of Corporations egistration Section O. Box 6327 allahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				
	s a check for the following \$125.00 Filing Fee	g amount: \$\Bigcup \\$130.00 \text{ Filing Fee & }\Bigcup \\$155.00 \text{ Filing Fee & }\Bigcup \\$160.00 \text{ Filing Fee,} \ Certificate of Status	Certifica lopy	ite		

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

IN COMPHANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS BY THE STATE OF FLORIDA:

1	PARAGON ENTERPR	USES, LI	С						
1.	(Name of Foreign 1	Limited Lia	bility Company, must include Timited	d Liabili	ty Company," "L.L.C.," or "L.L.C.")				_
	PARAGON ENTERPR	RISES FI	, LLC						
ı îr	nume unuvailable, enter alternate na	sme adopted f	or the purpose of transacting business in Flor	ida The s	Itemate name must include "Limited Liab	lay Compe	any," "I. I.	C," or "I	<u>.r.</u> c ")
,	WYOMING		1	3	83-3816611				
٠	(hunsdiction under the law of wh	יות מצורו אולו ליאור	nted labelity etimpuny is tilgimized)	_'.	edimont LV4)	n, 16 applie	abic)		
		1							
\$.		(Date fi	ret transacted business in Florida, if more to a	resistration	n)				
		(See sei	rst transacted business in Florida, if prior to retions 605 0904 & 605 0905, F.S. to determine	ne pensity	liability)				
5.	15751 SHERIDAN ST			6,	15751 SHERIDAN STREE	T #152			
	(Street Address of Pr				(Mailing Addre	•		~	<u> </u>
	FORT LAUDERDALE	s, FL 333	31		FORT LAUDERDALE, FL	33331		_=	
							≤	9 H	
							= _	ήY	
7	Name and street address	s of Flori	da registered agent: (P.O: Box	NOT	accentable)		7.1	_	
٠,	rame and street address	 		14(5)	acceptable)			δ	등존승
	Name:	ANGEL	. SANTIAGO					PH	
		2746 NIV	W 157TH LANE				1.	ယ့	-
	Office Address:	2,540 N	W 13711112AINI:					<u></u>	
		PEMBE	OKE PINES		, Florida <u>33028</u>			0	
			(City)		(Zip code)			
R	egistered agent's accept	tance:							
			(Brigistered agent s	signature)	Dut				
8.	. The name, title or cana	icity and a	address of the person(s) who ha	s/have	authority to manage is/are:				
	Title or Capacity:		Name and Address:		itle or Capacity:	Name	e and A	ddres	<u>s:</u>
	Owner		Angel Santiago						
	-		2346 NW 157 in						
			pembroke pines	-				_	
			Ì						
	•	_							
			1	-					
(l	Use attachments if necess	sary)							
		-							
9.	Attached is a certificate	of exister	ice, no more than 90 days old, o	duly au	thenticated by the official have	ing cus	stody of	recore	ds in the
	risdiction under the law of the translator must be su		t is organized. (If the certificate	e is in a	i forcign language, a translati	on or u	ie certii	icate u	nder oath
ır). This document is away	ntad in as	cordance with section 695 0203	2 / 13//k	\ Florida Statutes Lam awar	that ar	ne falce	inform	ntion
			rtment of State constitutes a thi					mom	EU(/II
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			F // /	// iL					
			San 1	/ In					
			Signature	of an auth	orized person				
				of an aust	orized person	 .			
		Angel S	antiago		orized person				

STATE OF WYOMING Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

Paragon Enterprises, LLC

is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on March 3, 2019, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number 2019-000844192.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 11th day of May, 2019 at 10:23 AM. This certificate is assigned 031057421.



Secretary of State

2019 MAY 16 PH 3: 40

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.

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

IN COMPHANCE WITH SECTION 605.0902, FLORIDA STATUTEN THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TEMITED HABILITY COMPANY TO TRANSICT BUNINESS IN THE STATE OF FLORIDA:

COMPANTO MARKACTE	ינג כנגנינוני. 	THE SEARCH TO NO.	1,2.1.			
L. PARAGON ENTERPR						
(Name of Foreign	Limited Lia	bility Company; must inc	lude "Limited Liabil	hty Company," "L.L.C.," or "LLC	.")	
PARAGON ENTERP						
(If rame unavailable, enter alternate na	ame adopted fi	or the purpose of transacting l	business in Florida. The	alternate name must include "Limited 1	Liability Company," "L.L.C," or "LLC	. ")
_{2.} WYOMING				83-3816611		
(Jurisdiction under the law of wi	meh ter enga ha	ween watered continued to call	सारा ध्ये)	(FF3 tw	enther, if applicable)	
···	(Date fi	rst transacted business in Flor	rida, if prior to registrati	on)		
ASSEL OF HUNDANION		rtions 605 0904 & 605 0905,	F 2 to determine beaut		EUT #150	
5. 15751 SHERIDAN ST (Street Address of F	TCLSD 1 #15	32	6	15751 SHERIDAN STR		
FORT LAUDERDALI				FORT LAUDERDALE,	•	
·	·	•		······································		
		<u>. </u>	1			
					26	
Name and street address	<u>ss</u> of Flori	ila registered agent: 	(P.O. Box. NOI	_acceptable)	TIZ TEZE	
Name:	ANGEL	SANTIAGO	!			>
	22.46 NIV	N 157TILL AND	1		्रहरू <u>र</u> ्	
Office Address:	2340 IN	W 157TH LANE			·/·· o	三至2
	PEMBP	OKE PINES		, Florida <u>33028</u>	· · · · · · · · · · · · · · · · · · ·	00
		(Cı	ity)	(Zip o	code)	
Registered agent's accep		_		6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>	,
Having been named as re	gisterea a	gent and to accept s	iervice of proces	ss for the above stated limit stered agent and agree to a	eu navias company at in et in this capacity. Parth	s piace ier narei
uesignateu in ints appaca to comply with the provisi	ions of all	statutes relative to 1	the proper and c	complete performance of m	n duties, and I am familio	ir with
and accept the obligation.				1 17		
,				10.4		
		l (Bregg	ister ed agent s signature	i)		
	acity and a			e authority to manage is/are	5 A 44	
Title or Capacity:		Name and Addres	<u>.\$:</u>	Title or Capacity:	Name and Address:	
Owner		Angel Santiago				
 	-	2346 NW 157 ln			 	
		pembroke pines				
	-	<u> </u>	<u> </u>			
(Use attachments if neces	earre)					
	•					
Attached is a certificate	of exister	ice, no more than 90	days old, duly a	uthenticated by the official	having custody of records	in the
			e certificate is in	a foreign language, a trans	lation of the certificate unc	ier oatn
of the translator must be si			. 7			
10. This document is exec	uted in ac	 cordance with section	ж 6 0 5.0203 (1)/(b), Florida Statutes. I am av	ware that any false informat	ion
submitted in a document to	o the Depa	rtment of State cons	titutes a third le	gree felopy as provided for	in s.817.155, F.S.	
			4. 1/10			
		<u> </u>	Segmenture of an au	Ahorized person		
			<u></u>	•		
	Angel S	l antiago				
		<u>, </u>	Typed or printed	rame of sumee		

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APPROVED AND FILED

2019 MAY 16 PM 3: 40

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