M20000003062

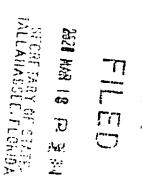
(Re	questor's Name)			
(Address)				
(Address)				
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	me)		
(Document Number)				
\	,			
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

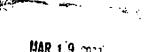
Office Use Only



300339000903

01/13/20--01010--004 **125.00





MAR 1'9 (22)

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJE	PARADICE LLC				
.,(,1),,1		Limited Liability	Company		
	aclosed "Application by Foreign Limited Liability Comp nce, and check are submitted to register the above refer				
Please	return all correspondence concerning this matter to the	following:			
	NAEMAR BELTRAN				
	N	ame of Person			
	ASSERTIF LLC				
	Firm/Company				
	2665 S BAYSHORE SR SUITE 810				
	Address				
	MIAMI, FL 33133				
	City/State and Zip Code				
	nbeltran@assertif.com				
	E-mail address; (to be use	d for future annua	l report notification)		
For fur	ther information concerning this matter, please call:				
	Naemar Beltran	305 at (5880535		
	Name of Contact Person	Area Code	Daytime Telephone Number		
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		
Enclose	ed is a check for the following amount: 물 \$125.00 Filing Fee - 미\$130.00 Filing Fee & Certificate of Status	□ \$155.00 Fili Certified Copy			



January 27, 2020

NAEMAR BELTRAN 2665 S BAYSHORE SR STE 810 MIAMI, FL 33133

SUBJECT: PARADICE LLC Ref. Number: W20000007585

We have received your document for PARADICE LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 720A00001928

RECEIVED MAR 1 8 2020

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

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

1. PARADICE LLC.	Limited Liability Company, must include "Limit	ed Liability Company," "L.L.C.," or "LLC.")
PARADICE ON LLC.		
	ame adopted for the purpose of transacting business in Flo	orida. The alternate name must include "Limited Liability Company," "L.I. C," or "LLC,")
2 DELAWARE		3 30-1145064
	hich foreign limited liability company is organized)	(FEI number, if applicable)
4. 01/15/2019		
4. 00113/2017	(Date first transacted business in Florida, if prior to (See sections 605-0904 & 605-0905, F.S. to determ	registration)
2775 C D A VELLODE I		
5. 2665 S BAYSHORE I (Street Address of I		6. 2665 BAYSHORE DR SUITE 810 (Mailing Address)
MIAMI FL 33133	•	MIAMI FL 33133
7. Name and street addres	ss of Florida registered agent: (P.O. Bo:	x NOT acceptable)
	ASSERTIF LLC	
Name:	ASSERTIF LLC	
Office Address:	2665 S BAYSHORE DR SUITE 810	
	MIAMI	33133
	(City)	, Florida 33133 (Zip code) 2 = 0
designated in this applica	gistered agent and to accept service of tion, I hereby accept the appointment of	process for the above stated limited liability company at the place is registered agent and agree to act in this capacity. I further agre r and complete performance of my duties and Lam far <u>ulia</u> r with
	s of my position as registered agent.	TO TO
8. The name, title or capa Title or Capacity:	(Registered agent's acity and address of the person(s) who h Name and Address:	Por and the
MGRM	AMMIEL MANEVICH	
		_
		<u> </u>
		
(Use attachments if neces	sary)	
	of which it is organized. (If the certifica	duly authenticated by the official having custody of records in the te is in a foreign language, a translation of the certificate under oath
10. This document is evec	uted in accordance with section 605 020	(A) (b). Florida Statutes, I am aware that any false information
		hird degree felony as provided for in s.817.155, F.S.
	AWIST	<u> </u>
	V Sighatur	e of all authorized person
	AMMIEL MANEVICH	
		or printed name of signee

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "PARADICE 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 SEVENTH DAY OF JANUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PARADICE LLC"

WAS FORMED ON THE SEVENTH DAY OF NOVEMBER, A.D. 2018.

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

Authentication: 202138206

Date: 01-07-20

7136737 8300 SR# 20200122560