

ma1000006892

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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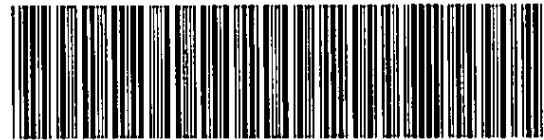
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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21 MAY 28 PM 2:28
CLERK OF STATE
TALLAHASSEE, FLORIDA

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60325

TL
6/2/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PARADISE INVESTMENTS LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida." Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

AUGUSTIN G. SIMMONS

Name of Person

SIMMONS LAW FIRM, P.A.

Firm/Company

2211 WIDMAN WAY, SUITE 110

Address

FORT MYERS, FL 33901

City/State and Zip Code

GUS@ITSMYLEGALRIGHT.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AUGUSTIN G. SIMMONS

239

204-9376

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 6, 2021

AUGUSTIN G SIMMONS
2211 WIDMAN WAY STE 110
FT MYERS, FL 33901

SUBJECT: PARADISE INVESTMENTS LLC
Ref. Number: W21000062325

We have received your document for PARADISE INVESTMENTS 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):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6051.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 321A00009510

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MAY 20 2021

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 INVESTMENTS LLC

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

PARADISE INVESTMENTS OF SANIBEL, LLC

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

2. INDIANA

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

36-4978360

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)

1610 MIDDLE GULF DR., #B2

5. (Street Address of Principal Office)

SANIBEL, FL 33957

4015 S. DEER TRAIL RD.

6. (Mailing Address)

HUNTINGTURG, IN 47542

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

Name: SIMMONS LAW FIRM, P.A.

Office Address: 1633 PERIWINKLE WAY, SUITE A

SANIBEL

(City)

, Florida

33957

(Zip code)

FILED
21 MAY 28 PM 2:28
CLERK OF STATE
TALLAHASSEE, FLORIDA

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. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

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

☐ Manager Name: PAUL ANDREW LUEKEN

☒ Member Address: 4015 S. DEER TRAIL RD.

☐ Authorized HUNTINGTURG, IN 47542

Person _____

☐ Other _____ ☐ Other _____

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

☐ Manager Name: KIMBERLY SUE LUEKEN

☒ Member Address: 4015 S. DEER TRAIL RD.

☐ Authorized HUNTINGTURG, IN 47542

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: JOSHUA PAUL LUEKEN

☒ Member Address: 5268 VENETIAN WAY

☐ Authorized MORROW, OH 45152

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: JEFFREY D. WHEATLEY, JR

☒ Member Address: 9871 S. COUNTY RD. 1100E

☐ Authorized HOLLAND, IN 47541

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

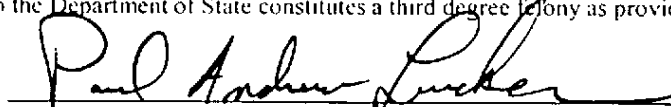
Person _____

☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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

PAUL ANDREW LUEKEN

Typed or printed name of signer

State of Indiana
Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, HOLLI SULLIVAN, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

PARADISE INVESTMENTS LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on January 12, 2021, and was in existence or authorized to transact business in the State of Indiana on May 17, 2021.

I further certify this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, May 17, 2021

HOLLI SULLIVAN
SECRETARY OF STATE

202101121451060 / 20212019642

All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>

Expires on June 16, 2021.