

W22000001474

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

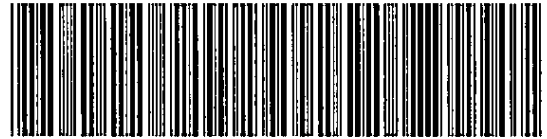
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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JAN 18 2022

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2022 JAN 24 AM 11:02
TOLSON, J. EDGAR

S. FRANKLIN

JAN 31 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Paradise Palm Gardens, 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:

Paul Palmer

Name of Person

Palmer Palmer & Mangiero

Firm/Company

12790 S Dixie Highway

Address

Miami, FL 33156

City/State and Zip Code

brian@ppmpalaw.com

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

2022 JAN 24 AM 11:02

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For further information concerning this matter, please call:

Paul Palmer

305

378-0011

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

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 Palm Gardens, LLC

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

12790 S Dixie Highway

5. (Street Address of Principal Office)

Miami, FL 33156

12790 S Dixie Highway

6. (Mailing Address)

Miami, FL 33156

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

Name:

Corporation Service Company

Office Address:

1201 Hays Street

Tallahassee

(City)

Florida

32301

(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.

Corporation Service Company

By:

Solyman Washington
(Registered agent's signature)

Assistant Secretary

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TALLAHASSEE, FL

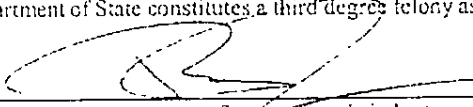
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

| <u>Title or Capacity:</u> | <u>Name and Address:</u> | <u>Title or Capacity:</u> | <u>Name and Address:</u> |
|---|---------------------------------|---|---------------------------------|
| <input checked="" type="checkbox"/> Manager | Name: Michelle Vanbeber | <input checked="" type="checkbox"/> Manager | Name: Stephanie Vanbeber |
| <input type="checkbox"/> Member | Address: 10183 S Lake Vista Cir | <input type="checkbox"/> Member | Address: 10183 S Lake Vista Cir |
| <input type="checkbox"/> Authorized | Davie, FL 33328 | <input type="checkbox"/> Authorized | Davie, FL 33328 |
| Person | | Person | |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other | <input type="checkbox"/> Other | <input type="checkbox"/> Other |
| <input type="checkbox"/> Manager | Name: | <input type="checkbox"/> Manager | Name: |
| <input type="checkbox"/> Member | Address: | <input type="checkbox"/> Member | Address: |
| <input type="checkbox"/> Authorized | | <input type="checkbox"/> Authorized | |
| Person | | Person | |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other | <input type="checkbox"/> Other | <input type="checkbox"/> Other |
| <input type="checkbox"/> Manager | Name: | <input type="checkbox"/> Manager | Name: |
| <input type="checkbox"/> Member | Address: | <input type="checkbox"/> Member | Address: |
| <input type="checkbox"/> Authorized | | <input type="checkbox"/> Authorized | |
| Person | | Person | |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other | <input type="checkbox"/> Other | <input type="checkbox"/> 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 Palmer

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PARADISE PALM GARDENS, 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 DECEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PARADISE PALM GARDENS, LLC" WAS FORMED ON THE TWELFTH DAY OF NOVEMBER, A.D. 2021.

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

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DELAWARE




Jeffrey W. Bullock, Secretary of State

6383998 8300

SR# 20214007975

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204896582

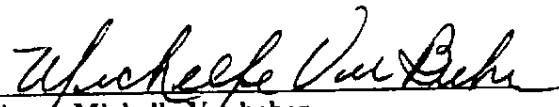
Date: 12-07-21


Prepared by:
Paul Palmer, Esq.
Palmer, Palmer & Mangiero
12790 South Dixie Highway
Miami, Florida 33156

AFFIDAVIT OF NAME USE

BEFORE ME, the undersigned authority, duly authorized to take acknowledgments and administer oaths, personally appeared **Michelle Vanbeber and Stephanie Vanbeber**, who depose(s) and say(s) under penalties of perjury that:

1. This affidavit is made with regard to the following described entity: Paradise Palm Gardens, LLC, a Florida dissolved limited liability company.
2. We were the sole members of the Paradise Palm Gardens, LLC, a Florida dissolved limited liability company.
3. We dissolved Paradise Palm Gardens, LLC, a Florida limited liability company as we were forming a new entity in Delaware.
4. We are also the sole members of Paradise Palm Gardens, LLC, a Delaware limited liability company.
5. We hereby release the name of Paradise Palm Gardens, LLC for use to Paradise Palm Gardens LLC, a Delaware limited liability company.
6. We affirm that we do not have any intentions of revoking the dissolution filed on November 2, 2021, with the Florida Secretary of State.


Name: Michelle Vanbeber

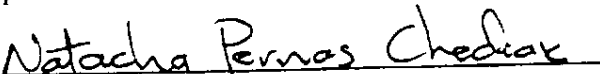

Name: Stephanie Vanbeber

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2022 JAN 24 AM 11:02
CLERK OF DISTRICT COURT
JAN 24 2022

State of Florida
County of Miami-Dade

The foregoing instrument was sworn to and subscribed before me by means of ☐ physical presence or ☐ online notarization this 19th day of December, 2021 by **Michelle Vanbeber and Stephanie Vanbeber**, who ☐ are personally known or ☒ have produced a driver's license as identification.




Notary Public

Printed Name: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 4, 2021

PAUL PALMER
12790 S DIXIE HWY
MIAMI, FL 33156 US

SUBJECT: PARADISE PALM GARDENS, LLC
Ref. Number: W21000154710

We have received your document for PARADISE PALM GARDENS, 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 not distinguishable from the name of a voluntarily dissolved business entity. This name is not available for the assumption or use by another entity for 120 days after the effective date of the dissolution. The dissolved business entity may provide the Department of State with an affidavit or letter, releasing the name for use to you and affirming they have no intention of revoking the dissolution or you may adopt an alternate name for use in Florida. If you choose to adopt an alternate name, please enter that name in the space provided in number one of the application.

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.

Sharon D Franklin
Regulatory Specialist II

Letter Number: 221A00029177

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JAN 24 2022

www.sunbiz.org

Division of Corporations, P.O. BOX 6227, Tallahassee, Florida 32314