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(Requestor's Name) (Address)	900199192419		
(City/State/Zip/Phone #)	03/28/1101042012 **87.50		
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status Special Instructions to Filing Officer:	ASEC T		
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## **COVER LETTER**

Department of State **Division of Corporations** P. O. Box 6327 Tallahassee, FL 32314

# SUBJECT: SOCIAL CHANGE FOR PARADISE, INC. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

\$70.00 Filing Fee

\$78.75 Filing Fee & Certificate of Status

\$78.75 \$87.50 Filing Fee & Certified Copy

Filing Fee, Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

FROM: NICOLE N. WARD-SAGE

Name (Printed or typed)

1112 CASTLE WOODS TERRACE APT. 210

Address

CASSELBERRY, FL 32707

City, State & Zip

407-782-9094

Daytime Telephone number

# NICOLE.WARDSAGE@GMAIL.COM

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

NOTE: Please provide the original and one copy of the articles.

ARTICL	ES OF	INCORP	ORATION

In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be:

## SOCIAL CHANGE FOR PARADISE, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1112 CASTLE WOODS TERRACE APT. 210 CASSELBERRY FL 32707

### <u>ARTICLE III</u> PURPOSE

The purpose for which the corporation is organized is:

rgenized exclu portion or the winding up of its affeirs, the essets of the Corporation share portion or the winding up of its affeirs, the essets of the Corporation share is Code and its Regulations as they now axist or as they may be here if the Corporation is then focused, exclusively for such ourscess or to an ter amended, or to the federal gove rement, or to a state or local pow

ARTICLE IV **MANNER OF ELECTION** The manner in which the directors are elected and appointed:

THE MANNER IN WHICH THE DIRECTORS ARE ELECTED AND APPOINTED WILL BE PROVIDED FOR IN THE BYLAWS

### ARTICLE V **INITIAL OFFICERS AND/OR DIRECTORS** a and Title: NICOLE N. WARD-SAGE DIRECTOR Name and Title:

	NICOLE N. WARD-SAGE, DIRECTOR		* <u></u>
Address:	1112 CASTLE WOODS TERRACE	Address:	
	APT. 210		
	CASSELBERRY, FL 32707		
NT		No	•
	MERVIN L. SAGE, INITIAL OFFICER		· *
Address:	1112 CASTLE WOODS TERRACE	Address:	
	APT. 210		
	CASSELBERRY, FL 32707		
Name and Title:	BEVERLY DANIEL, INITIAL OFFICER	Name and Title	•
Address:	P.O. BOX 8598 SI	Address:	
	ST. CROIX, USVI 00823		

#### REGISTERED AGENT ARTICLE VI

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name:	NICOLE N. WARD-SAGE
Address:	1112 CASTLE WOODS TERRACE
	APT. 210
	CASSELBERRY, FL 32707

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:		
Name:	NICOLE N. WARD-SAGE	
Address:	1112 CASTLE WOODS TERRACE	
	APT. 210	
	CASSELBERRY, FL 32707	

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Required Signature of Registered Agent

FILED

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SECRETARY OF STATES

Mailing address, if different is

SSEE FLORIDA

I submit this dogament and affirm that the facts stated herein are true. 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.

Required Signature of Incorporator