

**P00000107691**  
Suruani Thackurdeen  
Requester's Name

5025 W Colonial Dr.  
Address

Orlando, FL 32808  
City/State/Zip Phone #

FILED  
00 NOV 15 PM 2:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. TROPICAL PARADISE, INC.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

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-07/14/00--01072--005  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

KRISTIN MAJEWSKI  
Name (print or type)

1730 WINTERGREEN BLVD  
Address

WINTER PARK, FL 32792  
City/State/Zip

**AMENDMENTS**

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership **F. CHESSE**  
☐ Reinstatement  
☐ Trademark  
☐ Other

NOV 17 2000

*Wf 186461*

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

July 19, 2000

SURUJANI THACKURDEEN  
5025 W COLONIAL DRIVE  
ORLANDO, FL 32808

SUBJECT: TROPICAL PARADISE, INC.  
Ref. Number: W00000018044

We have received your document for TROPICAL PARADISE, INC. and your check(s) totaling \$78.75. 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 existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

Please return the original and one copy of 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) 487-6904.

Freida Chesser  
Corporate Specialist

Letter Number: 800A00039566

## ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

### ARTICLE I NAME

The name of the corporation shall be: \_\_\_\_\_

TROPICAL Paradise Restaurant, Inc.  
A

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

5205 W Colonial Drive  
ORLANDO, FL 32808

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

6000 SHARES

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

KRISTIN MAJEWSKI  
1730 WINTERGREEN BLVD  
WINTER PARK, FL 32792

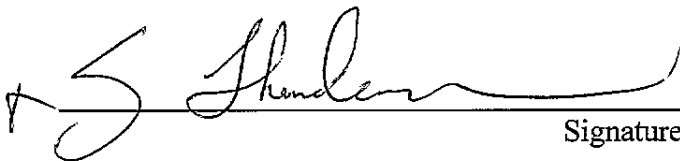
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TALLAHASSEE, FLORIDA

**ARTICLE V INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

SURUJANI THACKURDEEN  
~~5205~~ W COLONIAL DRIVE  
ORLANDO, FL 32808

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this  
11TH JULY  
\_\_\_\_\_ day of \_\_\_\_\_, 2000.

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Tropical Paradise Restaurant, Inc.
2. The name and address of the registered agent and office is:  
KRISTIN MAJEWSKI

\_\_\_\_\_  
(Name)  
1730 WINTERGREEN BLVD

\_\_\_\_\_  
(P.O. Box not acceptable)  
WINTER PARK, FL 32792

\_\_\_\_\_  
(City, State, Zip)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Having been named as registered agent and to accept service of process for the above stated corporation at the place designed in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Kristin Majewski  
(Signature)