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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 922-4001

From:

Account Name : SERBER & ASSOCIATES, P.A.
Account Number : I20000000083
Phone : (305) 932-6262
Fax Number : (305) 933-9393

FLORIDA PROFIT CORPORATION OR P.A.

PACIFIC PARADISE, INC.

Certificate of Status	1
Certified Copy	1
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ARTICLES OF INCORPORATION OF

PACIFIC PARADISE, INC.

ARTICLE I.

CORPORATE NAME

The name of this corporation shall be:

PACIFIC PARADISE, INC.

ARTICLE II.

NATURE OF CORPORATE BUSINESS

The Corporation may engage in any activity or business permitted under the laws of the United States and the State of Florida.

ARTICLE III.

CAPITAL STOCK

This Corporation is authorized to issue a maximum of One Thousand (1,000) shares of common stock having a par value of One Dollars (\$1.00) per share. The consideration to be paid for each share of stock shall be fixed by the Board of Directors.

ARTICLE IV.

INITIAL REGISTERED AGENT AND INITIAL REGISTERED OFFICE

The Corporation's initial Registered Agent and Registered Office in the State of Florida shall be:

Luis Saba
17875 Collins Ave., Unit 2501
Sunny Isles Beach, FL 33160

ARTICLE V.

MAILING ADDRESS OF CORPORATION

The Corporation's mailing address shall be:

17875 Collins Ave., Unit 2501
Sunny Isles Beach, FL 33160

ARTICLE VI.

BOARD OF DIRECTORS

The number of Directors may be altered from time to time by By-Laws adopted by the Stockholders. However, the Corporation shall have no less than one (1) Director at any time.

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ARTICLE VII.

INITIAL DIRECTOR

The name and post office address of the first Director of the Corporation is:

Name

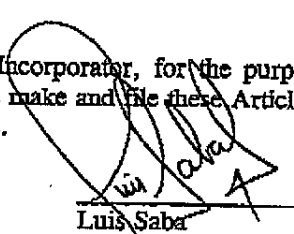
Address

Luis Saba

17875 Collins Ave., Unit 2501
Sunny Isles Beach, FL 33160

The first Director shall hold office until the first annual meeting of the Stockholders of the Corporation.

THE UNDERSIGNED Incorporator, for the purpose of forming a Corporation to do business within the State of Florida, does make and file these Articles of Incorporation, hereby declaring and certifying that the facts stated are true.


Luis Saba

STATE OF FLORIDA :

: SS

COUNTY OF MIAMI-DADE :

BEFORE ME, the undersigned authority, appeared Luis Saba, who is personally known to me or who has produced _____ as identification, and acknowledged that he executed said Articles of Incorporation, and who did take an oath.

WITNESS my hand and seal in the State and County aforesaid, this ____ day of September, 2000.

NOTARY PUBLIC, State of Florida

Print Name: _____

My Commission Expires: _____

The undersigned hereby accepts the foregoing designation as initial Registered Agent and agrees to comply with the provisions of law applicable to said designation.


Luis Saba, Registered Agent

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