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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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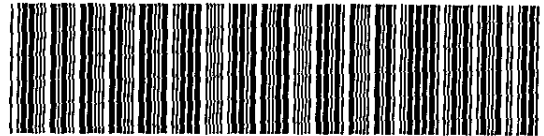
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10-29-03

TRANSMITTAL LETTER

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

SUBJECT: PARADISE GRAPHICS & DESIGN, INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: MICHAEL R. GRIFFITH

Name (Printed or typed)

1044 ENDEAVOR COURT

Address

NOKOMIS, FL. 34275

City, State & Zip

941-485-5400

Daytime Telephone number

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I **NAME**

The name of the corporation shall be:

PARADISE GRAPHICS & DESIGN, INC.

ARTICLE II **PRINCIPAL OFFICE**

The principal place of business/mailling address is:

1044 ENDEAVOR COURT, NOKOMIS, FL. 34275

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

TO DESIGN AND PRODUCE PRINTED GRAPHICS FOR THE GENERAL PUBLIC

ARTICLE IV **SHARES**

The number of shares of stock is:

ONE THOUSAND (1,000)

ARTICLE V **INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

MICHAEL R. GRIFFITH, PRESIDENT, 1044 ENDEAVOR CT. NOKOMIS, FL. 34275

ARTICLE VI **REGISTERED AGENT**

The name and Florida street address of the registered agent is:

MICHAEL R. GRIFFITH 4173 BENEVA RD. SARASOTA, FL. 34233

ARTICLE VII **INCORPORATOR**

The name and address of the Incorporator is:

MICHAEL R. GRIFFITH 4173 BENEVA RD. SARASOTA, FL. 34233

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



Signature/Registered Agent

10-19-03

Date



Signature/Incorporator

10-19-03

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA