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04 JAN 27 AM 8:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

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

SUBJECT: Shade Paradise, Incorporated
(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Alexis S Flores
Name (Printed or typed)

4040 SW 152 Place
Address

miami FL 33185
City, State & Zip

305-551-0533
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)

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ARTICLE I NAME

The name of the corporation shall be:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Shade Paradise, Incorporated.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4040 SW 152 Place
Miami FL 33185

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Alexis S Flores, President & Secretary
Jannette M Flores VP & Treasurer

ARTICLE VI REGISTERED AGENT

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

Jannette M Flores
4040 SW 152 Place
Miami FL 33185

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Jannette M Flores
4040 SW 152 Place
Miami FL 33185

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

Date

1-22-04

Signature/Incorporator

Date

1-22-04.