

P04000098935

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

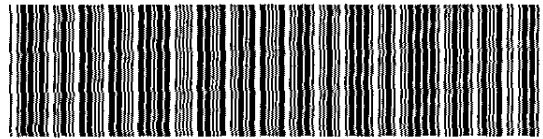
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U.S. DEPT. OF COMMERCE
BUREAU OF ECONOMIC ANALYSIS
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Signature] 6-30-04

TRANSMITTAL LETTER

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

SUBJECT: PARADISE BAY MANAGEMENT COMPANY
(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: WILLIAM CUMBLE
Name (Printed or typed)

4930 BRIDGEWATER CIRCLE
Address

JACKSONVILLE FLORIDA 32207
City, State & Zip

904 / 398 - 1173
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 BAY MANAGEMENT COMPANY*

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: *4430 BRIDGEWATER CIRCLE
JACKSONVILLE FL 32207*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: *ALL LEGAL PURPOSES*

ARTICLE IV SHARES

The number of shares of stock is: *100 - One Hundred*

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

*WILLIAM LUMBE, PRESIDENT
" TREASURER
" SECRETARY*

ARTICLE VI REGISTERED AGENT

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

*WILLIAM LUMBE 4430 BRIDGEWATER CIRCLE
JACKSONVILLE FL 32207*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*WILLIAM LUMBE 4430 BRIDGEWATER CIRCLE
JACKSONVILLE FL 32207*

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

Wm L Lumbe

Signature/Registered Agent

6/30/04

Date

Wm L Lumbe

Signature/Incorporator

6/30/04

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA