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(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP W	/AIT MAIL	
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
	}	

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TRANSMITTAL LETTER

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

of Paradise Inc. (PROPOSED CORPORA	ATE NAME – MUST INCL	UDE SUFFIX)
ginal and one (1) copy of the art	icles of incorporation and	a check for:
\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
andon I aChanella	ADDITIONAL CO	PY REQUIRED
Name Name	(Printed or typed)	
PO box 420529		
Summerland Kev. FL 33042	Address	
	, State & Zip	
305-744-0582	Telephone number	
	ginal and one (1) copy of the art \$78.75 Filing Fee & Certificate of Status andon LaChapelle Name PO box 420529 Summerland Key, FL 33042 City 305-744-0582	ginal and one (1) copy of the articles of incorporation and \$78.75 Filing Fee & Certificate of Status ADDITIONAL CO ADDITIONAL CO Address Summerland Key, FL 33042 City, State & Zip

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:

A Slice of Paradise Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: PO Box 420529 Summerland Key, FL 33042

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To establish a pizza delivery restaurant

ARTICLE IV SHARES

The number of shares of stock is: 1000 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Brandon LaChapelle, President, Vice president Robin Szmansky, secretary, treasurer

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Brandon LaChapelle 830 Crane Blvd Sugarloaf Key FL 33042

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Brandon LaChapelle 830 Crane Blvd Sugarloaf Key FL 33042

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

7/b/04 Date

Signature/Incorporator

Date

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