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Certified Copies	Certificates	of Status
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Special Instructions to F	iling Officer.	

Office Use Only



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word of the word

TRANSMITTAL LETTER

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

SUBJECT: Paradise (PROPO	LAN USCA SED CORPORAT	ping Inc	UDE SUFFIX)			
Enclosed are an original and one (1) \$70.00 \$78.75 Filing Fee & Certificate		es of incorporation and \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy			
		ADDITIONAL CO	& Certificate of Status PY REQUIRED			
FROM: Colfego	Chacon Name (F	Printed or typed)		S. CRC	os oct - c	~
	Talernier			CRUTARY OF STATE	-u MH 9:34	FILEU
Boca 1 (501)370	C 16161	tate & Zip		F.	3t	

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

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
ARTICLE I NAME The name of the corporation shall be: Paradise Landscafing Inc	
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	
PO BOX #880832 BOCG Raton FL 33488 ARTICLE III PURPOSE	
The purpose for which the corporation is organized is: Lawn Maintenance/LandScaping	
ARTICLE IV SHARES The number of shares of stock is: ARTICLE IV SHARES	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): Elfego Chacon Querra Presidente 9553 Tavernier Dr Boca Raton FL 33496	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Elfego Chacon Evera	OS OCI -6 AM 9: 34 SLURITARY OF STATE TALL AHA SEE, FLOFT
9553 Tavernier Dr Boca Raton FL 33976 <u>ARTICLE VII INCORPORATOR</u> The name and address of the Incorporator is:	OF STATE.
Elfego Chacon Everra 9553 Tavernier Dr Besa Raton FL 33496	****
Having been named as registered agent to accept service of process for the above stated corporation at the place of certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Signature/Registered Agent Date	-
Signature/Incorporator Date	