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SECRETARY OF STATE

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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	Dissolution / Withdrawal
	Annual Report / Reinstatement
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# ARTICLES OF INCORPORATION **OF**

# **Paradise Financial Corporation**

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

**ARTICLE I: NAME** 

The name of the corporation is Paradise Financial Corporation

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is 910 Grinnell St., Key West, Florida 33040

ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is ten million (10,000,000) shares having a par value of (\$0.01) per share.

## ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is Robert K. Henkel, 1162 Coates Ln., Cudjoe Key, FL 33042

#### ARTICLE V: OFFICER & DIRECTOR.

The name and address of the initial Officer and Director of the corporation is:

Robert K. Henkel, President/Secretary/Treasurer, 910 Grinnell St., Key West, Florida 33040

### ARTICLE VI: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is Your Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL. 32301.

The undersigned has executed these Articles of Incorporation this 25th day of October 2006.

"Your Capital Connection, Inc. by, Weimar Lopez, Client Representative"

#### CERTIFICATE OF DESIGNATION

#### REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned corporation, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of t	he corporation	n is:				
PARAD15E	FINANC	1AL COI	PORAT	101	-	
2. The name and	street addres	s of the regi	stered agen	at and office	e is:	
ROBERT K	. HENKE	L				
1162 COAT	ES LN.	CUPJOI	KEY,	FL	33042	1 3 . !

HAVE BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

Deposit & Health

ROBERT K. HENKEL