

COVER LETTER

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

SUBJECT: Paramount Management Corporation, Inc.
(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: Christine Labuziensi
Name (Printed or typed)

495 19th Street SW
Address

Naples, FL 34117
City, State & Zip

(239) 352-6246
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 22, 2007

CHRISTINE LABUZIENSKI
495 19TH ST. SW
NAPLES, FL 34117

SUBJECT: PARAMOUNT MANAGEMENT CORPORATION, INC.
Ref. Number: W07000009284

We have received your document for PARAMOUNT MANAGEMENT CORPORATION, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6995.

Wanda Cunningham
Document Specialist
New Filing Section

Letter Number: 307A00013160

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:

Paramount Property Management Of Naples, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

495 19th Street SW
Naples FL 34117

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Professional Corporation

ARTICLE IV SHARES

The number of shares of stock is:

100 Shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Christine Labuziensi - President
495 19th Street SW
Naples FL 34117

ARTICLE VI REGISTERED AGENT

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

Christine Labuziensi
495 19th Street SW
Naples FL 34117

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Christine Labuziensi
495 19th Street SW
Naples FL 34117

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

Christine Labuziensi
Signature/Registered Agent

2/26/07
Date

Christine Labuziensi
Signature/Incorporator

2/26/07
Date

FILED
2007 FEB 28 A 8:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA