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09/10/08--01016--005 **78.75

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2008 SEP 18 PM 4:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch SEP 18 2008

TRANSMITTAL LETTER

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

SUBJECT : TROPICAL PARADISE FL, INC.

(Proposed corporate name -must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation
and a check for:

\$78.75 Filing fee and Certificate

FROM : ABRAHAM KOHEN
(Name)

3808 AGUALINDA BLVD #302
(Address)

CAPE CORAL, FLORIDA 33914
(City, State & Zip)

850-368-7925
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 11, 2008

ABRAHAM KOHEN
3808 AGUALINDA BLVD #302
CAPE CORAL, FL 33914

SUBJECT: TROPICAL PARADISE FL, INC.
Ref. Number: W08000042289

RECEIVED
08 SEP 18 AM 8 00
DIVISION OF CORPORATIONS

We have received your document for TROPICAL PARADISE FL, INC. and your check(s) totaling \$78.75. 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 corrected 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) 245-6928.

Tim Burch
Regulatory Specialist II
New Filing Section

Letter Number: 208A00049730

FILED

2008 SEP 18 PM 4:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be :

~~TROPICAL PARADISE FL, INC.~~

TROPICS & PARADISE, INC.

ARTICLE II PRINCIPAL OFFICE

The principle place of business and mailing address of this corporation shall be:

3808 AGUALINDA BLVD #302
CAPE CORAL, FL 33914

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ABRAHAM KOHEN
3808 AGUALINDA BLVD #302
CAPE CORAL, FLORIDA 33914

ARTICLE V INCORPORATOR(S)

See Instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of the Incorporation is (are) :

ABRAHAM KOHEN
3808 AGUALINDA BLVD #302
CAPE CORAL, FLORIDA 33914

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this :
8th day of September 2008
(An additional article must be added if an effective date is requested)



Signature

Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE
UNDERSIGNED 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 the corporation is:

~~TROPICAL PARADISE FL, INC.~~
TROPICS & PARADISE, INC.

2. The name and address of the registered agent and office is:

ABRAHAM KOHEN
3808 AGUALINDA BLVD #302
CAPE CORAL, FLORIDA 33914

Having 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.


(Signature)

9-8-08
Date

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314