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(Requestor's Name)

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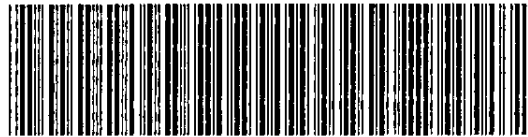
(Business Entity Name)

(Document Number)

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11 MAY -6 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K 05/09/11

COVER LETTER

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

SUBJECT: PARADOX INFORMATION SYSTEMS, 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: BRIAN A. WALLACE, SR.
Name (Printed or typed)

3008 GORDON AVENUE S.
Address

LEHIGH ACRES FLORIDA 33973
City, State & Zip

239-462-4355
Daytime Telephone number

studentbrian@yahoo.com
E-mail address: (to be used for future annual report notification)

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: PARADOX INFORMATION SYSTEMS, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
3008 GORDON AVENUE SOUTH
LEHIGH ACRES
FL. 33973

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO CONDUCT THE BUSINESS OF ALL INFORMATION SYSTEMS MANAGEMENT, DEVELOPMENT & MAINTENANCE. INCLUDING COMPUTER SYSTEMS; BUILDING, NETWORK DESIGN & SECURITY. INCLUDING TECHNOLOGY SUCH AS WEB DEVELOPMENT & DESIGN & MARKETING.

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: BRIAN A. WALLACE SR.
Address: PRESIDENT & DIRECTOR
3008 GORDON AVE S.
LEHIGH ACRES FL 33973

Name and Title: Brian A. Wallace Jr.
Address: VICE PRES & DIRECTOR
3008 GORDON AVE S.
LEHIGH ACRES FL 33973

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Brian A. Wallace, Sr.
Address: 3008 Gordon Ave S.
Lehigh Acres Fl. 33973

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Brian Wallace Sr.
Address: 3008 Gordon Ave S.
Lehigh Acres Fl. 33973

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

Brian Wallace
Required Signature/Registered Agent

4/30/2011
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Brian Wall
Required Signature/Incorporator

4/30/2011
Date

FILED
11 MAY -6 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA