

P11000068691

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

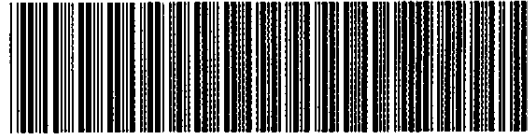
Lisa gave authorization to
add the incorporator info.
dec 7/26

P09 - 45810

Office Use Only

2045-621-619-

W11000038367



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07/20/11--01011--005 **70.00

FILED
11 AUG - 1 PM 12:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Paradigm Data Professionals, 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: Lisa Brandt
Name (Printed or typed)
13300-56 S. Cleveland Ave Ste 689
Address
Fort Myers Florida 33907
City, State & Zip
239. 931. 0673
Daytime Telephone number
admin@ParadigmDatapro.com ✓
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILED

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 21, 2011

LISA BRANDT
13300-56 S. CLEVELAND AVENUE
SUITE 689
FORT MYERS, FL 33907

SUBJECT: PARADIGM DATA PROFESSIONALS, INC.
Ref. Number: W11000038307

We have received your document for PARADIGM DATA PROFESSIONALS, INC. and your check(s) totaling \$70.00. 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 administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

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

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

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) 245-6973.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 011A00017302

13300-56 S Cleveland Ave
Suite 689
Fort Myers, Florida 33907
July 15, 2011

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, Fl 32314

To Whom It May Concern:

I have no intentions of re-instating Paradigm Data Professionals, Inc. Please release the Business Entity Name, Paradigm Data Professionals, Inc.

Thank You,



Lisa Brandt
President
Paradigm Data Professionals, Inc

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Paradigm Data Professionals, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

13300 56 S. Cleveland Ave
Suite 689
Fort Myers FL 33907

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is:

75

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lisa Brandt President
Address: 13300-56 S. Cleveland Ave
Suite 689
Fort Myers FL 33907

Name and Title: _____
Address: _____

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: Darrell Nutt
Address: 13300-56 S Cleveland Ave Ste 689
Fort Myers FL 33907

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Lisa Brandt
Address: 13300-56 S. Cleveland Ave., Ste 689
Fort Myers, FL 33907

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

Darrell Nutt

Required Signature/Registered Agent

7/30/11
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.

Lisa R Brandt

Required Signature/Incorporator

July 30 2011
Date

FILED
11 AUG - 1 PM 12: 26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA