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(Re	equestor's Name)	
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COVER LETTER ·

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

SUBJECT: Paradise Community M	/lanagement, l	nc.		
(PROPOSED CORPORA	TE NAME – <u>MUST INC</u>	LUDE SUFFIX)		
Enclosed are an original and one (1) copy of the arti-	cles of incorporation an	d a check for:	•	
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of		
	ADDITIONAL CO	Status		
FROM: Holliday Linck Name	(Printed or typed)			
316 Thomasdale Avenue	9		1 ×	
A	Address	<u></u>	6111 EC:2	
Haines City, FL 33844 City,	State & Zip	HASSEE	2011 DEC 16	
(863) 944-4193	elephone number		AM IO: IT	
holli.linck@gmail.com		100		7-46 AB P
E-mail address: (to be used	for future annual report	notification)		

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

ARTICLES OF INCORPORATIONIn compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I The name of the	corporation shall be: Paradise Comm	nonity	Management,	Inc.
ARTICLE II	PRINCIPAL OFFICE Principal street address 316 Thomasdale Avenue Haines City, FL 33844	_ _ _	Mailing address	s, if different is:
ARTICLE III The purpose for	PURPOSE which the corporation is organized is:			
	management services.			
ARTICLE IV The number of sl	SHARES nares of stock is:10,000			
ARTICIR V	_INITIAL OFFICERS AND/OR DIRECTO	np.c		
	Title: Holliday Linck. President 316 Thomasdale Avenue Haines City, FL 33844	Name a	s: <u>4032 Cam</u> p	b. Treasurer Shore Drive 33875
Name and Address:	Title: Janet Webb, Vice President 4032 Camp Shore Drive Sebring, FL 33875		s:	
Name and Address:	Title: Holliday Linck, Secretary 316 Thomasdale Avenue Haines City, FL 33844	Addres	and Title:s:	
4 D # 101 D # 1				7
	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable)	of the regist	and agent is:	29 AL
Name:	Holliday Linck	of the regist	cica agent is.	AC =
Address:	316 Thomasdale Avenue Haines City, FL 33844			2011 DEC 1 SECRE FAIR ALLAHASS
ARTICLE VII	INCORPORATOR			m _e
	ddress of the Incorporator is:			
Name:	Holliday Linck			98 5 (7
Address:	316 Thomasdale Avenue Haines City FL 33844			
	med as registered agent to accept service of proc am familiar with and accept the appointment as r Regained Signature/Registered Agent			
7 1 2 2 3		<u></u>		
submit this dod document to the	cument and affirm that the facts stated herein a Department of State constitutes a third degree fele Constitutes a third degree fele Required Signature/Incorporator	are true. I ar ony as provid	n aware that the false i ded for in s.817.155, F.S —	information submitted in a