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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

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Account Name : SHUMAKER, LOOP & KENDRICK LLP
Account Number : 075500004387
Phone : (813) 229-7600
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FLORIDA PROFIT/NON PROFIT CORPORATION

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TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: Paraiba Marketing, 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 ☐ \$78.75
Filing Fee Filing Fee
& Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
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Status

ADDITIONAL COPY REQUIRED

FROM: Jenna M. Feller ~ Shumaker, Loop & Kendrick, LLP
Name (Printed or typed)1000 Jackson Street

Address

Toledo, Ohio 43604

City, State & Zip

419-321-1439

Daytime Telephone number

jfeller@slk-law.com

E-mail address: (to be used for future annual report notification)

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

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

ARTICLE I NAMEThe name of the corporation shall be: Paraiba Marketing, Inc.**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address:

6216 Bahama Shores Drive South
St. Petersburg, Florida 33705

Mailing address, if different is:

ARTICLE III PURPOSEThe purpose for which the corporation is organized is: marketing and advertising services**ARTICLE IV SHARES**The number of shares of stock is: 1,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Stephen F. Weintraub
Director, President and Treasurer
Address: 6216 Bahama Shores Drive South
St. Petersburg, Florida 33705

Name and Title: Julia E. Weintraub
Director, Vice President and Secretary
Address: 6216 Bahama Shores Drive South
St. Petersburg, Florida 33705

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Stephen F. Weintraub
Address: 3800 Ulmerton Road
Clearwater, Florida 33762

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Bennett H. Speyer
Address: 1000 Jackson Street
Toledo, Ohio 43604

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I do so with full knowledge and accept this appointment as registered agent and agree to act in this capacity.

[Signature]
Required Signature/Registered Agent

11/27/13
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.817.153, F.S.

[Signature]
Required Signature/Incorporator

11/27/13
Date

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