

P15000078995

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

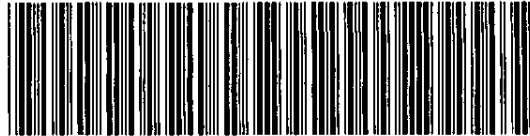
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W PAINTER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 11, 2015

DAVID GURNEY
639 DONAX ST
SANIBEL, FL 33957

RECEIVED SEP 23 2015

We have received your document for PARADISE VACATIONS, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific business purpose of the professional association must be stated in the document.

Please return 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) 245-6052.

WESTLEE A PAINTER
Regulatory Specialist II

Letter Number: 415A00018098

COVER LETTER

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

SUBJECT: PARADISE VACATIONS, 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: DAVID GURNEY
Name (Printed or typed)

639 DONAX ST.
Address

SANIBEL, FL 33957
City, State & Zip

651-248-3399
Daytime Telephone number

EG @ IMPELLA.NET
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: PARADISE VACATIONS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

639 DONAX ST.

SANIBEL, FL 33957

Mailing address, if different is:

Box 1581

SANIBEL, FL 33957

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: PROFESSIONAL CORPORATION

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DAVID GURNEY, PRESIDENT Name and Title: _____

Address Box 1581 Address: _____

SANIBEL, FL 33957

Name and Title: NANCY GURNEY, V.P. Name and Title: _____

Address Box 1581 Address: _____

SANIBEL, FL 33957

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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STATE
OFFICE
FIDELITY

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: DAVID GURNEY
Address: 639 DONAX ST.
SANIBEL, FL 33957

15 SEP 18 AM 10:40
STATE DEPT OF STATE
AT 604 S9E 10TH AVE
TAMPA, FL 33604

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DAVID GURNEY
Address: Box 1581, 639 DONAX ST.
SANIBEL, FL 33957

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

David Gurney 8/11/15
Required Signature/Registered Agent 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.

David Gurney 8/11/15
Required Signature/Incorporator Date