

PL7000078441

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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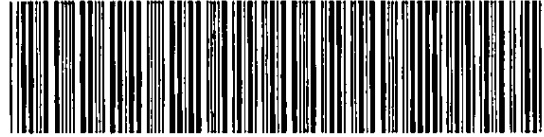
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2017 SEP 28 AM 9:44

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SEP 29 2017  
C Kinsey

## COVER LETTER

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

**SUBJECT:** Orion Partners 26 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  
                         & Certificate of  
                         Status  
**ADDITIONAL COPY REQUIRED**

**FROM:** Don A. Paradiso Esq.

\_\_\_\_\_  
Name (Printed or typed)

2400 NE 9 ST, Suite 204

\_\_\_\_\_  
Address

Ft. Lauderdale, FL 33304

\_\_\_\_\_  
City, State & Zip

954-801-3573

\_\_\_\_\_  
Daytime Telephone number

donparadiso@myfloridacorporatelawyer.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: Orion Partners 26 INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

8927 Hypoluxo Road, Suite A-4

Lake Worth, FL 33467

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: All lawful purposes under the laws of the State of Florida.

**ARTICLE IV SHARES**

The number of shares of stock is: 100,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Troy Levy, President

Name and Title:

Address 8927 Hypoluxo Road

Address:

Suite A-4

Lake Worth, FL 33467

Name and Title: Michelle Nihei, Treasurer

Name and Title:

Address 8927 Hypoluxo Road

Address:

Suite A-4

Lake Worth, FL 33467

Name and Title:

Name and Title:

Address

Address:

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Don A. Paradiso Esq. \_\_\_\_\_

Address: 2400 NE 9 Street, Suite 204 \_\_\_\_\_

Ft. Lauderdale, FL 33304 \_\_\_\_\_

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Don A. Paradiso \_\_\_\_\_

Address: 2400 NE 9 Street, Suite 204 \_\_\_\_\_

Ft. Lauderdale, FL 33304 \_\_\_\_\_

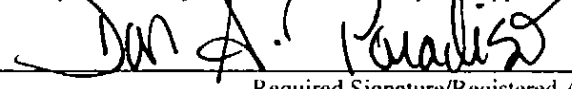
**ARTICLE VIII EFFECTIVE DATE:**

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 days prior or 90 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*

  
\_\_\_\_\_  
Required Signature/Registered Agent

092417  
\_\_\_\_\_  
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.*

  
\_\_\_\_\_  
Required Signature/Incorporator

092417  
\_\_\_\_\_  
Date