

P1900000116182

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

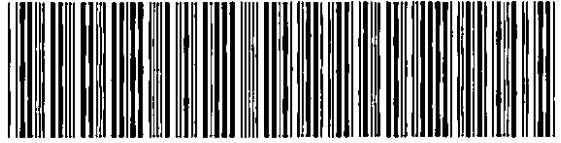
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

PARADISE GRAPHICS INC

Signature _____

Requested by: Seth

02/25/19

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

☒ Art of Inc. File _____
☐ LTD Partnership File _____
☐ Foreign Corp. File _____
☐ L.C. File _____
☐ Fictitious Name File _____
☐ Trade/Service Mark _____
☐ Merger File _____
☐ Art. of Amend. File _____
☐ RA Resignation _____
☐ Dissolution / Withdrawal _____
☐ Annual Report / Reinstatement _____
☒ Cert. Copy _____
☐ Photo Copy _____
☒ Certificate of Good Standing _____
☐ Certificate of Status _____
☐ Certificate of Fictitious Name _____
☐ Corp Record Search _____
☐ Officer Search _____
☐ Fictitious Search _____
☐ Fictitious Owner Search _____
☐ Vehicle Search _____
☐ Driving Record _____
☐ UCC 1 or 3 File _____
☐ UCC 11 Search _____
☐ UCC 11 Retrieval _____
☐ Courier _____

COVER LETTER

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

SUBJECT: PARADISE GRAPHICS 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: NICOLE M. ASHLEY

Name (Printed or typed)

5458 NW BOYDGA AVE

Address

PORT SAINT LUCIE, FL 34986

City, State & Zip

7729991333

Daytime Telephone number

PARADISEGRAPHICSINC@GMAIL.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: PARADISE GRAPHICS INC

ARTICLE II PRINCIPAL OFFICE
Principal street address: _____ Mailing address, if different is: _____

5458 NW BOYDGA AVE

PORT SAINT LUCIE, FL 34986

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: TO PARTICIPATE IN ANY AND ALL LEGAL PRACTICES OF BUSINESS

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: NICOLE M. ASHLEY PRESIDENT

Address: 5458 NW BOYDGA AVE
PORT SAINT LUCIE, FL 34986

Name and Title: _____

Address: _____

Name and Title: JOSHUA J. ASHLEY VICE PRESIDENT

Address: 5458 NW BOYDGA AVE
PORT SAINT LUCIE, FL 34986

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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19 FEB 25 AM 10:45
ST. LUCIE COUNTY, FL
CLERK OF CIRCUIT COURT

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: NICOLE M. ASHLEY
Address: 5458 NW BOYDGA AVE
PORT SAINT LUCIE, FL 34986

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: NICOLE M. ASHLEY
Address: 5458 NW BOYDGA AVE
PORT SAINT LUCIE, FL 34986

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STATE OF FLORIDA
TALLAHASSEE, FL
20

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

2/22/19
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

2/22/19
Date