P20000033080

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

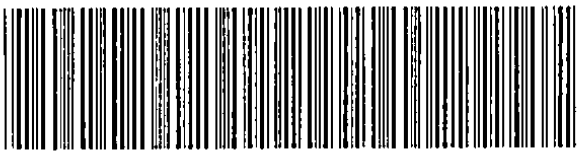
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2020 MAR -3 PM 12:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. BURCH
MAY 05 2020

COVER LETTER

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

SUBJECT: Paradise Sprinklers, 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: John Cross
Name (Printed or typed)

2500 NW 59th Court
Address

Tamarac, FL 33321
City, State & Zip

954 394-2515
Daytime Telephone number

paradisesprinklers@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 Sprinklers, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address

[illegible]

[illegible]

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: [illegible]

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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: [illegible] Name and Title:

Address [illegible] Address:

[illegible]

Name and Title: Name and Title:

Address Address:

Name and Title: Name and Title:

Address Address:

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: _____

Address: _____

_____

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: John Cross

Address: 4500 NW 54th Court

Tamarac FL 33321

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 3-3-20 (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

John Cross

Required Signature/Registered Agent

5-5-20

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

Date _____