

P21000064876

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

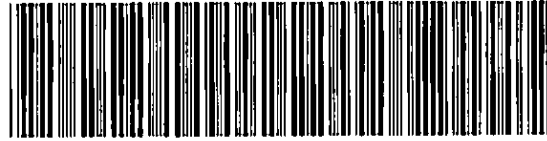
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

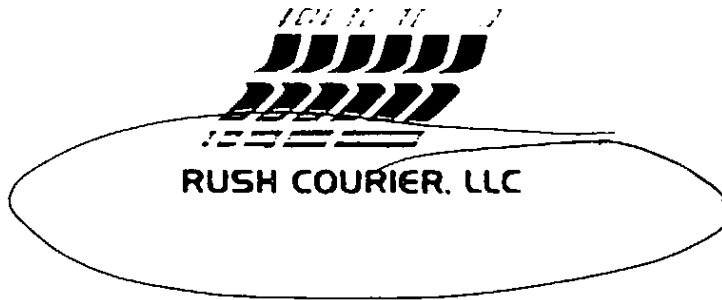


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CLERK OF STATE
TALLAHASSEE, FL

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2021 JUL 13 PM 4:53
SCT
TALLAHASSEE, FLORIDA



Apostille/Notarial Certification

Mail to:

Hotel Paradise

Name: Rush Courier, LLC

Address: 1400 Village Square Blvd. #3-182

City: Tallahassee

850-528-5232

State: FL Zip Code: 32312

Country of Destination _____

Number of Certificates Requested _____

Filing

Return address: (Please print clearly)

Name: _____

Street: _____

City: _____

State: _____ Zip Code: _____

Phone: _____

COVER LETTER

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

SUBJECT: Hotel Paradise 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: Hotel Paradise
Name (Printed or typed)

808 NE 6th St
Address

Hallandale Beach, FL 33009
City, State & Zip

786-812-8831
Daytime Telephone number

info@sunshinetaxos.com
E-mail address: (to be used for future annual report notification)

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

ARTICLE I NAME

The name of the corporation shall be: Hotel Paradise Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

808 NE 6th St

Hallandale Beach, FL 33009

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and All lawful purpose.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Daniel Pinto - President

Name and Title: _____

Address 808 NE 6th St

Address: _____

Hallandale Beach, FL 33009

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

2014 JUL 14 PM 1:33
SECRETARY OF STATE
TALLAHASSEE, FL

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: Daniel Pinto
Address: 808 NE 6th St
Hallandale Beach, FL 33009

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Daniel Pinto
Address: 808 NE 6th St
Hallandale Beach, FL 33009

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 07/07/21 (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

Daniel Pinto 07/07/21
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.

Daniel Pinto 07/07/21
Required Signature/Incorporator Date