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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:____

FLORIDA PROFIT/NON PROFIT CORPORATION NEW PARADISE SUPPLY INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

CEC 0 7 2021

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME: The name of the corporation is:
111
NEW PARAdISE SUPPLY INC
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:
11595 Kelly Boad, Svite 305
FortHyERS, P1, 33908
ARTICLE III SHARES: The number of shares of stock is: 100
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS
\overline{T} \overline{D} \overline{D} \overline{D} \overline{D}
ISRAEL. E. RIVAS (P)
b .
TO THE PARTY AND STREET AND ESS:
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:
ISRAEL, E. KIVAS
ISRAEL, E. RIVAS 11595 Kelly Road, Suite 305. Fortnyers, 33908.
115 15 200 19 1000
FORTMYERS, 33908
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
ISRAEL E. RIVAS
11595 Kelly ROAD Suite 305
11 En 33.908

Required Signatures:

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

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.

Incorporator

effective: 1/1/22