## P22000013030

(Requestor's Na	me)			
(Address)				
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(City/State/Zip/P	hane #)			
PICK-UP WAIT	MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies Certified	cates of Status			
Special Instructions to Filing Officer:				

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T. SCOTT FEB 2 € 2022



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## FLORIDA DEPARTMENT OF STATE Division of Corporations

December 3, 2021

ANDRI VOLODKO 4320 BRAND YVINE DRIVE SARASOTA, FL 34241

SUBJECT: SILVER PARADISE INC Ref. Number: W21000154169

We have received your document for SILVER PARADISE INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. "If you do not list an effective date of January 1st, your business, entity, will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January. 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850)-245-6052.

Tyronie Scott Regulatory Specialist II New Ellings Section

Letter Number: 121A00029071

## **COVER LETTER**

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

SUBJECT: SILVER PARAD	ISE (NC ATENAME-MUSTINCE	UDE SUFFIX)
Enclosed are an original and one (1) copy of the ar-	ticles of incorporation and	d a check for:
☐ \$70.00	S78.75 Filing Fee & Certified Copy  ADDITIONAL CO	Certified Copy & Certificate of Status
	e (Printed or typed)	
4320 Brandyw Sarasota, Flo		
858 - 257 - 95 Daytime 1	70 Telephone number	

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

VOLODKORNATIO quail. Com
E-mail address: (to be used for future annual report notification)

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

The name of the corpora	ation shall be: Sicve	z Paradise	lnc	
ARTICLEII PRING 4320 Brand Scrasota, E	CIPAL OFFICE Principal street address (19 Wine Drive		failing address, if diffi	erent is:
ARTICLE III PURPO The purpose for which to	OSE the corporation is organized is:			
	seles and ca lifornia to Fe	r sharing.	Business	relocation
				- N
				- TI
ARTICLE V INITIA	stock is: <u>13 U, OOO</u> LOFFICERS AND/OR DIRECT			17 H
	: ANDRII Voloдко (Pre 4320 Brandywine	Dr. Address:		
	Sarasota, FL, 342			
Name and Title: Address	<del></del>	Name and Title:Address:		
Name and Title:		Name and Title:Address:		<del>-</del>
		Address.		

Name an	nd Title:	Name and Title:	
. Address	s	Address:	
•			
	REGISTERED AGENT		
	lorida street address (P.O. Box NOT		
Name:	ANDRII VOLOD		
Address:	4320 Brandywi		
	Sarasota, FL, 34	1241	
ARTICLE VII	INCORPORATOR		
The name and ad	ddress of the Incorporator is:		
Name:	ANDRII VOLODIU	0	
Address:	4320 Brandyw	ine Dr.	
	Sarasota FL 3		
Effective date, if	EFFECTIVE DATE: other than the date of filing: late is listed, the date must be specif	. (OPTION	NAL) ys prior or 90 days after the
Note: If the date	inserted in this block does not meet the ffective date on the Department of Sta	he applicable statutory filing requirer ite's records.	ments, this date will not be listed
me document s ci			
Having been nam	ned as registered agent to accept service amilian with and accept the appointme	e of process for the above stated corpo int as registered agent and agree to ac	oration at the place designated in ct in this capacity
Having been nam	amilian with and accept the appointme	ent as registered agent and agree to ac	ct in this capacity
Having been nam	ned as registered agent to accept service amiliar, with and accept the appointment of the ANDRII VOL  Required Signature/Registered	ent as registered agent and agree to ac ODKO	ct in this capacity
Having been nam certificate, I am fa	amiliar with and accept the appointment of MDRII VOL  Required Signature/Registere ument and affirm that the facts state.	ent as registered agent and agree to ac  ODKO  ed Agent  d herein are true. I am aware that to	ct in this capacity  O(/O//2022  Date  the false information submitted
Having been nam certificate, I am fa	amiliar with and accept the appointment of the ANDRII VOL  Required Signature/Registere	ent as registered agent and agree to according to the content of t	ct in this capacity  O(/O//2022  Date  the false information submitted