

12/15/22, 9:45 AM

Division of Corporations  
**P22000093207**  
 Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet 2022-12-19 PM 2:25

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H22000421663 3)))



H220004216633ABC-

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
 Fax Number : (850)617-6381

**\*\*\* RESUBMIT \*\*\***

From:

Account Name : HUBCO  
 Account Number : 104662003400  
 Phone : (516)935-3940  
 Fax Number : (516)935-3088

**ORIGINALLY FAXED 12/15/2022.  
 HAVE NOT RECEIVED FILED  
 PAPERWORK/NOT ON SUNBIZ.**

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

Email Address: JIMKENME@GMAIL.COM

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**Paradox Pages Inc**

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

Electronic Filing Menu

Corporate Filing Menu

Help

*DR*

DocuSign Envelope ID: 8378C4E4-0118-4A6D-9A30-50AAB8AA0C17

H22000421663

**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:

Paradox Pages Inc

**ARTICLE II PRINCIPAL OFFICE**Principal street address

11416 Lake Katherine Circle

Clermont, FL 34711

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any Legal or Lawful Purpose

**ARTICLE IV SHARES**

The number of shares of stock is: 1,500 at No Par Value

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: James Kemme - President/Director

Name and Title:

Address 11416 Lake Katherine Circle

Address:

Clermont, FL 34711

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

H22000421663

DocuSign Envelope ID: 8378C4E4-0118-4A6D-9A30-50AAB8AA0C17

H22000421663

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: James Kemme

Address: 11416 Lake Katherine Circle

Clermont, FL 34711

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: James Kemme

Address: 11416 Lake Katherine Circle

Clermont, FL 34711

**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*

DocuSigned by:

James Kemme

AF5FC322CAC148B...

Required Signature/Registered Agent

December 13, 2022

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.*

DocuSigned by:

James Kemme

AF5FC322CAC148B...

Required Signature/Incorporator

December 13, 2022

Date

H22000421663