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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

PALADIN CORPORATE SOLUTIONS, INC.

Please Debit **FCA000000003** For: 70

Thank you Seth Neeley



Signature

Requested by:

Name

Date

Time

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## COVER LETTER

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

**SUBJECT:** Paladin Corporate Solutions, 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:** Christopher N Rikard  
\_\_\_\_\_  
Name (Printed or typed)  
  
103 Tarleton Way  
\_\_\_\_\_  
Address  
  
Greer, SC 29650  
\_\_\_\_\_  
City, State & Zip  
  
864-420-9756  
\_\_\_\_\_  
Daytime Telephone number  
  
crikard@icloud.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: Paladin Corporate Solutions, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal **street** address

Mailing address, if different is:

155 East Boca Raton Road, Unit 301

Boca Raton, FL 33432

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

The purpose of Paladin Corporate Solutions, Inc., is to operate and conduct all lawful business activities legally permitted in the state of Florida.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Sandi Greenfield, CEO

Name and Title: Justin Marcus, Co-President

Address: 155 East Boca Raton Road

Address: 300 Southeast 5th Avenue

Unit 301

Apt. 8070

Boca Raton, FL 33432

Boca Raton, FL 33432

Name and Title: Christopher Rikard, Co-President

Name and Title: \_\_\_\_\_

Address: 103 Tarleton Way

Address: \_\_\_\_\_

Greer, SC 29650

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

2024 JUN -14 AM 10:53

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: Sandi Greenfield

Address: 155 East Boca Raton Road, Unit 301

Boca Raton, FL 33432

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Christopher Rikard

Address: 103 Tarleton Way

Greer, SC 29650

**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*

Sandi Greenfield  
Required Signature/Registered Agent

1/3/24  
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.*

C. N. Rikard  
Required Signature/Incorporator

1/3/24  
Date

2024