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VALIDATION ONLY

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****122.50 ****122.50

CORPORATION(S) NAME

Paradigm solutions group Inc.

FILED
96 NOV 13 PM 12:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
RECEIVED
96 NOV 13 AM 10:34
DIVISION OF CORPORATIONS

Empire Toll Free: 1-800-432-3028

- | | | |
|--|--|---|
| ☒ Profit | ☐ Amendment | ☐ Merger |
| ☐ NonProfit | ☐ Foreign | ☐ Mark |
| ☐ Limited Partnership | ☐ Annual Report | ☐ Other |
| ☐ Reinstatement | ☐ Dissolution | ☐ Change of Registered Agent |
| ☒ Certified Copy | ☐ Photo Copies | ☐ Certificate Under Seal |
| ☐ Call When Ready | ☐ Call If Problem | ☐ After 4:30 |
| ☒ Walk In | ☐ Will Wait | ☒ Pick Up |
| | | ☐ Mail Out |

Name
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Acknowledgment
W.P. Verifier

CERTIFIED COPY

ARTICLES OF INCORPORATION

The undersigned, acting as incorporator(s) of a corporation under the Florida General Corporation Act, adopt the following articles of incorporation for such corporation:

The name of the corporation is PARADIGM SOLUTIONS GROUP INC.

The period of its duration is perpetual.

The purpose is to engage in any activities or business permitted under the laws of the United States and Florida.

The principal place of business of the corporation is 8841 N.W. 116TH ST. HINLENN GARDENS, FL. 33016

The corporation shall have authority to issue 100 shares, all of one class, \$1.00 par value.

The address of its initial registered office is TWO SOUTH UNIVERSITY DRIVE, SUITE 215 PLANTATION, FL. 33324 and the name of its initial registered agent at said address is BRIAN LYN

The number of directors constituting its initial board of directors is 1 whose name(s) and address(es) is(are)

Name Address
Raul Martin Betancourt 8841 NW 116TH ST.
HINLENN GARDENS, FL. 33016

The name(s) and address(es) of the incorporator(s) is(are):

Name Address
Raul Martin Betancourt 8841 N.W. 116TH ST.
HINLENN GARDENS, FL. 33016

FILED

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Signature of Incorporators
TALLAHASSEE, FLORIDA

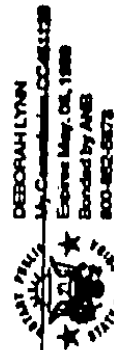
Dated 10/18, 1996

STATE OF FLORIDA
COUNTY OF Broward

Before me, the undersigned authority, personally appeared Raul Martin Betancourt who is to me well known to be the person described in an who subscribes the above articles of incorporation, and he did agree, and voluntarily acknowledged before me according to law that he made and subscribed the same for the uses and purposes therein mentioned and set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and my official seal, at 18 day in said County and State this 18 day of October, 1996.

Richard Lynn
Notary Public
STATE OF FLORIDA



My commission expires

FEES: \$122.50

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation organized under the laws of the state of Florida, submits the following statement to designate the registered office/registered agent, in the state of Florida..

1. The name of the corporation is: PARADISE-1
SOLUTIONS GROUP INC.

2. The name and address of the registered agent and office is:
BRINN LYNN
(Name)

TWO SOUTH UNIVERSITY DRIVE, SUITE 215
(P.O. Box Not Acceptable)

PLANTATION, FLORIDA 33324
(City/State/Zip)

SIGNATURE [Signature]
(Corporate Officer)

TITLE Pres

DATE 10/12/96

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY, I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE [Signature]

DATE 10/12/96

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