

TRANSMITTAL LETTER
P99000027400

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

600002812636--9
-03/19/99--01112--011
*****78.75 *****78.75

SUBJECT: PARAGON DESIGN, INC.
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: CHARLES R. SCHROEDER
Name (Printed or typed)

6207 BENT PINE DR #2203
Address

ORLANDO, FL 32822
City, State & Zip

(407) 812-6314
Daytime Telephone number

99 MAR 19 AM 11:20
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

No copy
MAR 25 1999
CD
3-25-99
2

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: PARAGON DESIGN, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

6207 BENT PINE DR #220B
ORLANDO, FL 32822

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

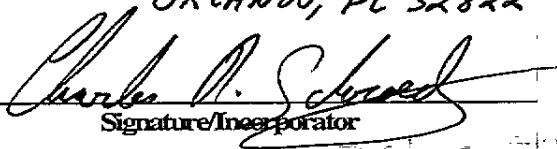
The name and Florida street address of the initial registered agent are:

SUSAN LANZARO SCHROEDER
6207 BENT PINE DR #220B
ORLANDO, FL 32822

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

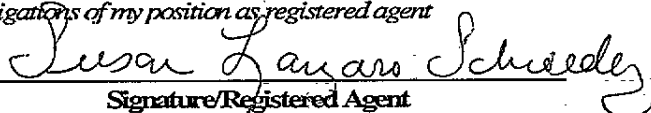
CHARLES R. SCHROEDER
6207 BENT PINE DR #220B
ORLANDO, FL 32822


Signature/Incorporator

3/15/99
Date

(An additional article must be added if an effective date is requested.)

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/Registered Agent

3/16/99
Date

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99 MAR 19 AM 11:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA