

N16000002847

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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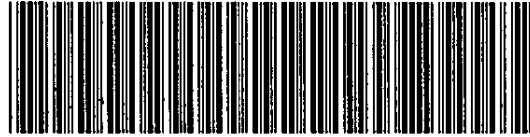
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 MAR -9 PM 12:29

APPROVED
AND
FILED

1/11

COVER LETTER

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

SUBJECT: NORTHWEST FLORIDA PARALEGAL ASSOCIATION, 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

ADDITIONAL COPY REQUIRED

FROM: NORTHWEST FLORIDA PARALEGAL ASSOCIATION
Name (Printed or typed)

P.O. BOX 1333

Address

PENSACOLA, FL 32591-1333

City, State & Zip

850-434-6859

Daytime Telephone number

NWFPABOARD@GMAIL.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 617, F.S., (Not for Profit)

APPROVED
AND
FILED

ARTICLE I NAME

The name of the corporation shall be: NORTHWEST FLORIDA PARALEGAL ASSOCIATION, INC

16 MAR -9 PM 12:29

ARTICLE II PRINCIPAL OFFICE

Principal street address:
433 E GOVERNMENT ST

PENSACOLA, FL 32502

Mailing address, if different is:

P.O. BOX 1333

PENSACOLA, FL 32591-1333

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO ENCOURAGE A HIGH ORDER OF ETHICAL AND PROFESSIONAL
ATTAINMENT, FURTHER EDUCATION AMONG MEMBERS OF THE PROFESSION, ESTABLISH GOOD FELLOWSHIP
AMONG SOCIETY MEMBERS AND MEMBERS OF THE LEGAL COMMUNITY, AND COOPERATE WITH THE BAR
ASSOCIATION.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: PER BYLAWS

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DEBRA BASS, PRESIDENT

Address: P.O. BOX 1333
PENSACOLA, FL 32591-1333

Name and Title: HEIDI YEFREMOV, 1ST VP

Address: P.O. BOX 1333
PENSACOLA, FL 32591-1333

Name and Title: REGINA VINO, 2ND VP

Address: P.O. BOX 1333
PENSACOLA, FL 32591-1333

Name and Title: DONNA NALL, SECRETARY

Address: P.O. BOX 1333
PENSACOLA, FL 32591-1333

Name and Title: SELINA BRYANT, TREASURER

Address: P.O. BOX 1333
PENSACOLA, FL 32591-1333

Name and Title: AURORA OSBORN, NALA LIASON

Address: P.O. BOX 1333
PENSACOLA, FL 32591-1333

Name and Title: Carissa Mitchell, Parliamentarian

Address: P.O. BOX 1333
PENSACOLA, FL 32591-1333

Name and Title: _____

Address: _____

APPROVED
AND
FILED

16 MAR -9 PM 12: 29

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: LISA S. MINSHEW, ESQ.
Address: 433 E GOVERNMENT ST
PENSACOLA, FL 32502

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Heidi Yefremov
Address: P.O. BOX 1333
PENSACOLA, FL 32591-1333

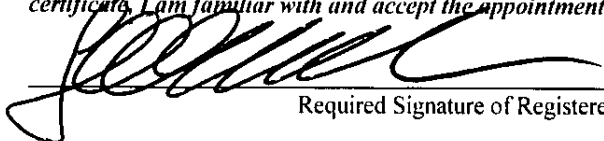
ARTICLE VIII EFFECTIVE DATE:

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 business days prior or 90 business 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.

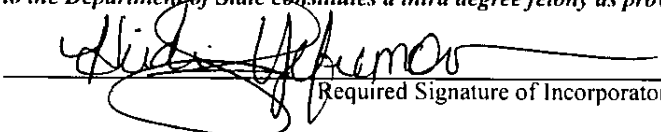
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature of Registered Agent

2-25-2016
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.



Required Signature of Incorporator

2/25/16
Date