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DIVISION OF CORPORATIONS
2014 FEB 28 PM 4:59

VH

COVER LETTER

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

SUBJECT: PARAGON SYSTEMS, INC.

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

FEES:

Certificate of Domestication	$ 50.00
Articles of Incorporation and Certified Copy	$ 78.75
Total to domesticate and file	$128.75

OPTIONAL:

Certificate of Status	$ 8.75

WALTER S. SANDERS & ASSOCIATES, P.A.
Name (printed or typed)

16528 N. DALE MABRY HWY.
Address

TAMPA, FLORIDA 33618
City, State & Zip

813-961-0094
Daytime Telephone Number

BRIAN@WALTERSANDERS.COM
E-mail address: (to be used for future annual report notification)

FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 4, 2013

WALTER S. SANDERS & ASSOCIATES, P.A.
16528 N. DALE MABRY HWY
TAMPA, FL 33618

SUBJECT: PARAGON SYSTEMS, INC.
Ref. Number: W13000048996

We have received your document for PARAGON SYSTEMS, INC. and your check(s) totaling $137.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 813A00020876

CERTIFICATE OF DOMESTICATION

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DIVISION OF CORPORATIONS
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The undersigned, MATTHEW D STEVENSON (Name), DPT (Title)

of PARAGON I.T. SERVICES INC (Corporation Name) a foreign corporation,
in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was MARCH 3, 1986.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was MASSACHUSETTS.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was PARAGON I.T. SERVICES INC.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is PARAGON I.T. SERVICES INC.
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was SUTTON, MASSACHUSETTS.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am MATTHEW D STEVENSON, of TAMPA FLORIDA

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 25 day of FEBRUARY, 2014.

Matthew D. Stevenson
(Authorized Signature)

Filing Fee:

Certificate of Domestication	**$ 50.00**
Articles of Incorporation and Certified Copy	**$ 78.75**
Total to domesticate and file	**$128.75**

INHS53 (12/12)

ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607, F.S.

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ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

PARAGON IT SERVICES INC

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address	Mailing Address
10722 DALTON AVE	16528 N DALE MABRY HWY
TAMPA, FLORIDA 33615	TAMPA FLORIDA 33618

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

SOFTWARE DEVELOPMENT

ARTICLE IV SHARES
THE NUMBER OF SHARES OF STOCK IS: 15000

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS
THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Title/Name	Title/Name
MATTHEW D STEVENSON	DPT
Title/Name	Title/Name
Title/Name	Title/Name
Title/Name	Title/Name

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

*THE **NAME AND FLORIDA STREET ADDRESS** (P.O. BOX **NOT** ACCEPTABLE) OF THE REGISTERED AGENT IS:*

WALTER S SANDERS

16528 N DALE MABRY HWY

TAMPA, FLORIDA 33618

ARTICLE VII INCORPORATOR

*THE **NAME AND ADDRESS** OF THE INCORPORATOR IS:*

MATTHEW D STEVENSON

10722 DALTON AVENUE

TAMPA, FLORIDA 33615

****

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 AM FAMILIAR WITH AND ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.

Walter S. Sanders — FEBRUARY 25, 2014

Signature/Registered Agent — Date

Matthew D. Stevenson — FEBRUARY 25, 2014

Signature/Incorporator — Date

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DIVISION OF CORPORATIONS
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