# P14000019415

(Requestor's Name)		
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(City/Sta	te/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Busines	s Entity Name)	
(Document Number)		
Certified Copies	Certificates of	Status
Special Instructions to Filing Officer:		
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# **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.

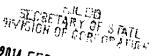
Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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



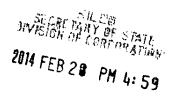
	e undersigned, MATTHEW D STEVENSON	_ , <u>DPT</u>	(Title)
	(Name)		(Title)
of	PARAGON I.T. SERVICES INC		a foreign corporation,
in	(Corporation Name) accordance with s. 607.1801, Florida Statutes, does herel	y certify:	
1.	The date on which corporation was first formed was M	ARCH 3	<u>, 1986</u> .
2.	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.			
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		
5,	Attached are Florida articles of incorporation to comple to s. 607.1801.	te the domesti	cation requirements pursuant
ľa	m MATTHEW D STEVENSON, of TAMPA FLORIDA	<del></del>	
an	d am authorized to sign this Certificate of Domestication	on behalf of t	he corporation and have done , 2014
an	d am authorized to sign this Certificate of Domestication this the 25 day of FEBRUARY	on behalf of t	

Filing Fee:

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

# ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607, F.S.



ART	<b>ICLE</b>	) I	N	AM	

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 10722 DALTON AVE	Mailing Address  16528 N DALE MABRY HWY
TAMPA, FLORIDA 33615	TAMPA FLORIDA 33618
ARTICLE III PURPOSE THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZE SOFTWARE DEVELOPMENT	ED:

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

# ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Title/Name MATTHEW D STEVENSON	Title/Name 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.

Signature/Registered Agent

Matthew D. Stevenson

Date

Date

**FEBRUARY 25, 2014** 

**FEBRUARY 25, 2014** 

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