

P/6000083695

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

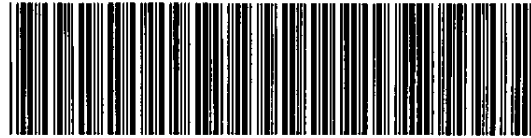
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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09/16/16--01019--003 \*\*70.00

16 OCT -7 PM 1:50  
FLORIDA STATE  
SECRETARY OF  
CORPORATION

M. MOON  
OCT 07 2016



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 19, 2016

SARA HEMPERLEY  
5650 WAUCHULA ROAD  
MYAKKA CITY, FL 34251

SUBJECT: CSA PARALEGAL SERVICES INC.  
Ref. Number: W16000064758

We have received your document for CSA PARALEGAL SERVICES INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list at least one incorporator with a complete business street address.

Please return 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.

Matthew T Moon  
Regulatory Specialist II

Letter Number: 916A00020082

RECEIVED

16 OCT -7 PM 12:00

16 OCT 2016

16 OCT -7 PM 1:50

RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

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

**SUBJECT:** CSA Paralegal Services Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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:** Sara Hemperley  
Name (Printed or typed)  
5650 Wauchula Road  
Address  
Myakka City, Fl. 34251  
City, State & Zip  
727-204-9270  
Daytime Telephone number  
secagt7@yahoo.com  
E-mail address: (to be used for future annual report notification)

16 OCT - 7 PM 1:50

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be: CSA Paralegal Services Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

5650 Wauchula Road

\_\_\_\_\_

Myakka City, Fl. 34251

\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Paralegal Services

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 OCT -7 PM 1:50

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Sara Hemperley, President Name and Title: \_\_\_\_\_

Address 5650 Wauchula Road Address: \_\_\_\_\_

Myakka City, Fl. 34251 \_\_\_\_\_

\_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
 Address \_\_\_\_\_ Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Sara Hemperley  
 Address: 5650 Wauchula Road  
Myakka City, Fl. 34251

**ARTICLE VII INCORPORATOR**

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

Name: SARA HEMPERLEY  
 Address: 5650 WAUCHULA RD.  
MYAKKA CITY, FL 34251

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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**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*

Sara Hemperley \_\_\_\_\_ 9/13/2016  
 Required Signature/Registered Agent Date

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

Sara Hemperley \_\_\_\_\_ 9-13-2016  
 Required Signature/Incorporator Date