

P240000 35511

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(City/State/Zip/Phone #)

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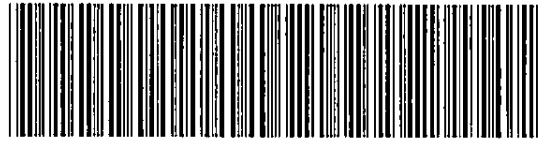
(Business Entity Name)

(Document Number)

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RECEIVED  
2024 MAY 28 PM 4:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**NEW CORPORATION FOR PROFIT**

**SUBJECT: CASE CATALYST, 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.

FROM:

KIMBERLY CONFORTI

4289 BARBOUR TRAIL

ODESSA, FL 33556

727-992-6867

E-mail address: CONFORTI@CASE-CATALYST.COM

**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:

CASE CATALYST, INC

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

4289 BARBOUR TRAIL  
ODESSA, FL 33556

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is:

**LEGAL ASSISTANT SUPPORT FOR LEGAL PROFESSIONALS, AND NON-LAWYER SUPPORT TO THE PUBLIC**

**ARTICLE IV    SHARES**

The number of shares of stock is:

**100**

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

Name and Title: KIMBERLY CONFORTI, MGR

Address        4289 BARBOUR TRAIL ODESSA, FL 33556

Name and Title: KIMBERLY CONFORTI, PRESIDENT

Address        4289 BARBOUR TRAIL ODESSA, FL 33556

**ARTICLE VI    REGISTERED AGENT**

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

Name:            KIMBERLY CONFORTI

Address:        4289 BARBOUR TRIAL  
ODESSA, FL 33556

**ARTICLE VII INCORPORATOR**

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

Name: KIMBERLY CONFORTI

Address: 4289 BARBOUR TRIAL  
ODESSA, FL 33556

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: **MAY 28, 2024.**

**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/Registered Agent



Date 5/28/2024

KIMBERLY CONFORTI  
4289 BARBOUR TRIAL  
ODESSA, FL 33556

*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.*

Required Signature/Incorporator:



KIMBERLY CONFORTI  
4289 BARBOUR TRIAL  
ODESSA, FL 33556

Date 5/28/2024

2024.5.28