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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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2019 FEB 13 AM 9:18  
FBI MASSACHUSETTS  
FBI MASSACHUSETTS, FLORIDA

**COVER LETTER**

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

SUBJECT: Weston Punishers LEMC 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: Thomas Bhegani  
Name (Printed or typed)

1881 SW 112 AVE  
Address

DAVIE FL 33325  
City, State & Zip

954 839 0897  
Daytime Telephone number

WestonPunishers@hotmail.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)

**ARTICLE I NAME**

The name of the corporation shall be: Weston Punishers LEMC Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address: 1881 SW 112 AVE  
DAVIE FL 33325

Mailing address, if different is: \_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Law Enforcement Motorcycle Club. Providing support for Law Enforcement and Military Charities.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: \_\_\_\_\_

Unanimous Vote by Membership

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

Name and Title: Yamil Nobeerse Pres Name and Title: \_\_\_\_\_  
Address: 2443 NW 94 St Address: \_\_\_\_\_  
Miami FL 33147

Name and Title: Steven Calero V.P. Name and Title: \_\_\_\_\_  
Address: 3001 SW 18th Address: \_\_\_\_\_  
Terrace Lot 106  
Ft Lauderdale FL 33315

Name and Title: Thomas Bhegani Treasurer Name and Title: \_\_\_\_\_  
Address: 1881 SW 112 AVE Address: \_\_\_\_\_  
DAVIE FL 33325

ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 02/13/13 BY 60322 UCBAW/STP

19 FEB 13 AM 9:18

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: Thomas Bhegani  
Address: 1881 Sw 112 Ave  
DAVIE FL 33325

STATE DEPARTMENT OF REVENUE  
TALLAHASSEE, FLORIDA  
19 FEB 13 AM 9:18

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Thomas Bhegani  
Address: 1881 Sw 112 Ave  
DAVIE FL 33325

**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 days prior or 90 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*

X [Signature]  
Required Signature of Registered Agent

2/11/19  
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.*

X [Signature]  
Required Signature of Incorporator

2/11/19  
Date