

U190000001776

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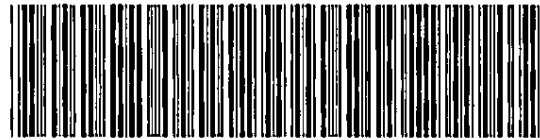
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19 FEB 13 AM 9:18
TALLAHASSEE, FLORIDA

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 Nodarse Pres

Name and Title:

Address

2443 NW 94 St
Miami FL 33147

Address:

Name and Title:

Steven Calabro V.P.

Name and Title:

Address

3001 SW 18th
Terrace Lot 106
Ft Lauderdale FL 33315

Address:

Name and Title:

Thomas Bhagani Treasurer

Name and Title:

Address

1881 SW 112 AVE
DAVIE FL 33325

Address:

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CLERK
FLORIDA

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
Ducie FL 33325

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TALLAHASSEE, FLORIDA
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CLERK OF THE CIRCUIT COURT

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Thomas Bhegani
Address: 1881 Sw 112 Ave
Ducie 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