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FEB 4 2020 M. SOLOMON

COVER LETTER

TO: Registration Section Division of Corporations			
WEST LAW FIRM 1. C			
SUBJECT: Name of e	corporation -	must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Foreign Corpo "Certificate of Existence," or "Certificate of above referenced foreign corporation to trans	Good Stand	ing" and check are sul	net Business in Florida," omitted to register the
Please return all correspondence concerning STEPHER BROOKS WEST	this matter t	o the following:	
	Name of Po	erson	
WEST LAW FIRM, L.C.			
1836 BARN OWL WAY	Firm/Comp.	my	
PALM HARBOR, FL. 34683	Addres	·	
Ci brooks@wvpersonalinjurylawyer.com	ity/State and	Zip code	
E-mail address: (to	be used for	future annual report i	notification)
For further information concerning this matte	r, please cal	1:	
BRENDA HUNT CPA 304 541.5795 at (
Name of Person	Area Code	Daytime Telepl	hone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the following amount:	:		
S70.00 Filing Fee \$78.75 Filing Fee Certificate of St		78.75 Filing Fee & Pertified Copy	☐ \$87.50 Filing Fee. Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

	corporation; must include "INCORPOR Corp." "Inc." "Co," or "Corp.")	ATED." "COMPANY," "CORPORATION,"	
WEST LAW H	Brooks	West Law Firm, Inc.	
	able in Florida, enter alternate corporat	e name adopted for the purpose of transacting busi	
WV		46-1714959	
TAXILLADAZ O 2	2612	3. 46-1714959 (FEI number, if applicab	
(Date DECEMBER 4	2019	5. (Date of duration, if other than p	perpetual)
1836 BARN OW	(Date first transacted bu	siness in Florida, if prior to registration) & 607.1502, F.S., to determine penalty liability)	
		(Principal office address)	
(Current mailing address, if different)			
	(Cure	nt mailing address, if different)	
	e <u>t address</u> of Florida registered ager S. BROOKS WEST		COZO CAMOST
Name:	<u>et address</u> of Florid a registered ager	nt: (P.O. Box <u>NOT</u> acceptable)	COZO CAMISTI E STO
Name:	et address of Florida registered ager S. BROOKS WEST 1836 BARN OWL WAY	nt: (P.O. Box <u>NOT</u> acceptable)	2020 CARLOLL S.
Name:	et address of Florida registered age S. BROOKS WEST 1836 BARN OWL WAY	nt: (P.O. Box <u>NOT</u> acceptable)	COSO CAMOST FETTERS 34
Name: Office Address: Office Address: Office Address: Office Address: Office Address: Office Address: Name: Name:	et address of Florida registered ager S. BROOKS WEST 1836 BARN OWL WAY PALM HARBOR (City) ent's acceptance: med as registered agent and to accept a polication. I hereby accept the accomply with the provisions of all states.	nt: (P.O. Box <u>NOT</u> acceptable)	poration at the pia act in this capacity

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:

A. DIR	ECTORS		
Chairmai	n:		
Address:			
		·	
Vice Cha	irman:		·
Address:		·	
Director:			
Address:			
			-
Director:			
Address:			
			~~
B. OFF		٠	1020 JAN
President	STEPHEN BROOKS WEST		::= - 63
Address:	1836 BARN OWL WAY		
	PALM HARBOR, FL 34683	`` _;	<u> </u>
Vice Pres	FRANCES H. WEST sident:	<u> </u>	<u>ယ္</u>
Address			
Secretary			
Address:		_,	
Treasurer			
Address:			
	If necessary, you may attach an addendum to the application listing additional officers and/or of the state o	directors.	
12	Signature of Director or Officer		
are true	Signature of Director or Officer cer or director signing this document (and who is listed in number 11 above) affirms that the fact and that he or she is aware that false information submitted in a document to the Department of egree felony as provided for in s.817.155, F.S.	ets stated State co	l herein nstitutes
13. STE	PHEN BROOKS WEST, PRESIDENT		
	(Typed or printed name and capacity of person signing application)		



I, Mac Warner, Secretary of State of the State of West Virginia, hereby certify that

WEST LAW FIRM, L.C.

was incorporated under the laws of West Virginia and a Certificate of Incorporation was issued by the West Virginia Secretary of State's Office on January 08, 2013.

I further certify that the corporation has not been revoked or administratively dissolved by the State of West Virginia nor has the West Virginia Secretary of State issued a Certificate of Dissolution to the corporation.

Accordingly, I hereby issue this Certificate of Existence

CERTIFICATE OF EXISTENCE

Validation ID:2WV3R_ARY7Y



Given under my hand and the Great Seal of the State of West Virginia on this day of

December 04, 2019

Mac Warner

Secretary of State



January 16, 2020

STEPHEN BROOKS WEST WEST LAW FIRM, L.C. 1836 BARN OWL WAY PALM HARBOR, FL 34683

SUBJECT: WEST LAW FIRM, L.C. Ref. Number: W20000003603

We have received your document for WEST LAW FIRM, L.C. and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Mel Solomon
Regulatory Specialist II Supervisor

Letter Number: 220A00001221

RECEIVED