## P09000382400

(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:			

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2009 MAR 26 PM 4: 37

\$ 3/27/09

## **COVER LETTER**

FILEU SECRETARY OF STATE DIVISION OF CORPORATION:

2009 MAR 26 PM 4: 37

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

SUBJECT: West & Company

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

osed are an orig	inal and one (1) copy of the art	icles of incorporation and	l a check for:
<b>2</b> \$70.00	<b>\$78.75</b>	□ \$78.75	\$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
J	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of Status
		ADDITIONAL CO	
FROM: M	ATTHEW WEST Name	e (Printed or typed)	
	6321 Simmons St		
	è	Address	
	Miami Lakes, FL 33014		
	Cit	y, State & Zip	
	786-230-6048		
		Telephone number	

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



FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

2009 MAR 26 PM 4: 37

## FLORIDA DEPARTMENT OF STATE Division of Corporations

March 17, 2009

MATTHEW WEST 6321 SIMMONS STREET MIAMI LAKES, FL 33014

SUBJECT: WEST & COMPANY Ref. Number: W09000012612

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

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

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

## Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected original and one copy of 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) 245-6973.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 709A00009107

DEPARTHENT OF STATE

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS
ARTICLE I NAME	2009 MAR 26 PM 4: 37
The name of the corporation shall be:	,
West & Company Enterprise	Inc
ARTICLE II PRINCIPAL OFFICE The principal street address and mailing address, if different is:	
6321 simmon St Miami Lakes, FL 33	014
ARTICLE III PURPOSE Hideah, PL 33014	
The purpose for which the corporation is organized is:	
The Purpose is to service clients	
ARTICLE IV SHARES  The number of shares of stock is:	findustries
1000	·
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	
List name(s), address(es) and specific title(s):	MARCHALL ST
List name(s), address(es) and specific title(s):  Matthew West President & Ceo 43215in  Matthewal West vice and land 162216in	Mani Lake
Matthew west vice president 63215:	MMong ST Miamilake
ARTICLE VI REGISTERED AGENT	330/4'
The <u>name and Florida street address</u> (P.O. Box <b>NOT</b> acceptable) of the reg	istered agent is:
The name and Florida street address (P.O. Box NOT acceptable) of the reg  Mathew west (e32) 5, MM on  ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:	Aft Miami Lakes to
ARTICLE VII INCORPORATOR	33-111
The <u>name and address</u> of the Incorporator is:	) lett
Matthew west 6321 simmons st miami.	Lake yt 233014
**************************************	*******
Having been named as registered agent to accept service of process for the above stated certificate, I am familiar with and accept the appointment as registered agent and agree to a	
$\Lambda$ —	03/73/09
Signature/Registered Agent	Date/

Signature/Incorporator