

P10000035285

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

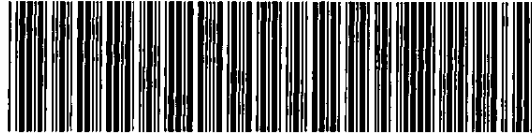
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 APR 22 PM 1:10

COVER LETTER

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

SUBJECT: West Professional Insurers, 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
ADDITIONAL COPY REQUIRED

FROM: Nena West
Name (Printed or typed)
815 SHANGRI LA DRIVE
Address
SEFFNER, FL. 33584
City, State & Zip
813-763-1593
Daytime Telephone number
NFWEST@tampabay.rr.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 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

WEST PROFESSIONAL INSURANCE, INC

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

815 SHANGRI LA DRIVE, SEFFNER, FL 33584

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROFESSIONAL CORP.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Nena West - PRESIDENT, VP, Sec, Treasurer
815 Shangri LA Drive
SEFFNER, FL 33584

ARTICLE VI REGISTERED AGENT

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

Nena West
815 Shangri La Drive
SEFFNER, FL 33584

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Nena West
815 Shangri La Drive
Seffner, FL 33584

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

Nena West

Signature/Registered Agent

Nena West

Signature/Incorporator

4/13/10

Date

4/13/10

Date

FILED
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