

P 1200061130

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

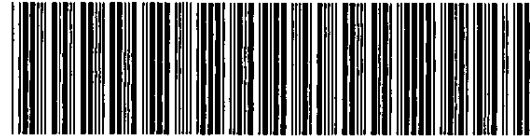
(Business Entity Name)

(Document Number)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUL 11 AM 10:45

Ps 7/12/12

COVER LETTER

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

SUBJECT: Westmoreland Law Firm, P.A.

(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: Robert B. Westmoreland

Name (Printed or typed)

2748 Bellewater Place

Address

Oviedo, FL 32765

City, State & Zip

(352) 246-8507

Daytime Telephone number

rwestmoreland.law@gmail.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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME Westmoreland Law Firm, P.A.
The name of the corporation shall be:

12 JUL 11 AM 10:45

ARTICLE II PRINCIPAL OFFICE

Principal street address
2748 Bellewater Place
Oviedo, FL 32765

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

This professional association is organized to provide legal counseling and representation to our clients on a for-profit basis as a general practice law firm.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Robert B. Westmoreland</u>	Name and Title: _____
Address: <u>2748 Bellewater Place</u>	Address: _____
<u>Oviedo, FL 32765</u>	_____
_____	_____

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: Robert B. Westmoreland
Address: 2748 Bellewater Place
Oviedo, FL 32765

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Robert B. Westmoreland
Address: 2748 Bellewater Place
Oviedo, FL 32765

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



Required Signature/Registered Agent

July 9, 2012

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.



Required Signature/Incorporator

July 9, 2012

Date