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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

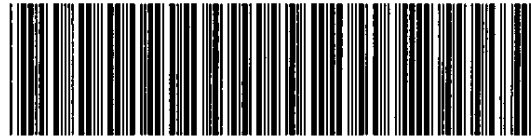
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DIVISION OF CORPORATIONS  
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## COVER LETTER

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

SUBJECT: Westphal Consulting 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☒ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

FROM: Keith A. Westphal  
Name (Printed or typed)

5643 Dunbar Circle  
Address

Milton FL 32583  
City, State & Zip

850-910-0468  
Daytime Telephone number

westphalconsulting@yahoo.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: Westphal Consulting Inc.

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

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5643 Dunbar Circle

Milton FL 32583

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to operate as a corporation  
legally and lawfully in the State of Florida.

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Keith A. Westphal, President

Name and Title: \_\_\_\_\_

Address

5643 Dunbar Circle

Address: \_\_\_\_\_

~~5643~~ Milton FL 32583

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address

Address: \_\_\_\_\_

(cont.)

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DIVISION OF CORPORATION

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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: Keith A. Westphal  
Address: 5643 Dunbar Circle  
Milton FL 32583

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Keith A. Westphal  
Address: 5643 Dunbar Circle  
Milton FL 32583

*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*

Keith A. Westphal

Required Signature/Registered Agent

11-15-13

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.*

Keith A. Westphal

Required Signature/Incorporator

11-15-13

Date