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## COVER LETTER

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

**SUBJECT:** WEST CORPORATION

(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:** Jeorbis Ramirez Rojas

Name (Printed or typed)

PO Box 352693

Address

Miami, FL 33135

City, State & Zip

305-290-9042

Daytime Telephone number

None

E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 21, 2015

JEORBIS RAMIREZ ROJAS  
P.O. BOX 352693  
MIAMI, FL 33135

SUBJECT: WEST CORPORATION  
Ref. Number: W15000048715

We have received your document for WEST CORPORATION and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

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) 245-6052.

Maryanne Dickey  
Regulatory Specialist II  
New Filing Section

Letter Number: 715A00015187



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 8, 2015

JEORBIS RAMIREZ ROJAS  
P.O. BOX 352693  
MIAMI, FL 33135

SUBJECT: WEST CORPORATION, INC.  
Ref. Number: W15000048715

We have received your document for WEST CORPORATION, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

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.

The effective date is not acceptable since it is not within five working days of the date of receipt.

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) 245-6052.

Maryanne Dickey  
Regulatory Specialist II  
New Filing Section

Letter Number: 715A00015187

## COVER LETTER

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

**SUBJECT:** Rojas-West Corp.

(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:** Jeorbis Ramirez Rojas

Name (Printed or typed)

5302 SW 89th AVE

Address

Miami, FL 33165

City, State & Zip

305-290-9042

Daytime Telephone number

jeorbisramirez@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)

**ARTICLE I NAME**

The name of the corporation shall be: Rojas-West Corp.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
5302 SW 89th AVE  
Miami, FL. 33165

Mailing address, if different is:  
PO Box 352693  
Miami, FL. 33135

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Transportation Company

**ARTICLE IV SHARES**

The number of shares of stock is: 1

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

Name and Title: Jeorbis Ramirez Rojas, Pres. Name and Title: Cynthia Ramirez, VP.

Address: 5302 SW 89th AVE Address: 5302 SW 89th AVE  
Miami, FL. 33165 Miami, FL. 33165

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

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

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: Jeorbis Ramirez Rojas  
Address: 5302 SW 89th AVE  
Miami, FL. 33165

15 OCT -7 AM 11:22  
CLERK OF COURT  
TALLAHASSEE, FL 32304

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Jeorbis Ramirez Rojas  
Address: 5302 SW 89th AVE  
Miami, FL. 33165

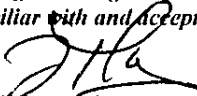
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 09/30/2015 (OPTIONAL)

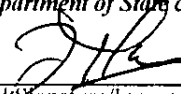
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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  
09/30/2015  
\_\_\_\_\_  
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  
09/30/2015  
\_\_\_\_\_  
Date