

P15000100470

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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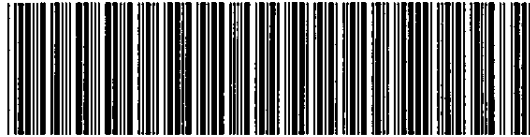
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 DEC 14 PM 12:17
CLERK OF STATE
TALLAHASSEE, FLORIDA

g 12/22/15

COVER LETTER

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

SUBJECT: WESTFALIAN STATION 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: Sabine Ruwe
Name (Printed or typed)
4810 Lakewood Blvd
Address
Naples, FL 34112
City, State & Zip
2392004491
Daytime Telephone number
h.leschmann@gmail.com
E-mail address: (to be used for future annual report notification)

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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

EFFECTIVE DATE 01/01/16

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

WESTFALIAN STATION INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4810 Lakewood Blvd

Naples, FL 34112

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The corporation is formed to conduct and transact all lawful business activities allowed under the laws of the State of Florida.

Horse boarding, buy and sell horses, Training lessons,

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sabine Ruwe / President

Name and Title: _____

Address 4810 Lakewood Blvd

Address: _____

Naples, FL 34112

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: Hans-Juergen Leschmann
Address: 4810 Lakewood Blvd
Naples, FL 34112

ARTICLE VII INCORPORATOR

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

Name: Hans-Juergen Leschmann
Address: 4810 Lakewood Blvd
Naples, FL 34112

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TALLAHASSEE, FLORIDA

ARTICLE VIII EFFECTIVE DATE: 01/01/16

Effective date, if other than the date of filing: _____ (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

Hans Leschmann
Required Signature/Registered Agent

12/08/2015
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.

Hans Leschmann
Required Signature/Incorporator

12/08/2015
Date