## 6000051075

•
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(
PICK-UP WAIT MAIL
(Business Entity Name)
(Dualiteas Littly Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

SOLIN 1 5 2016 T. SCOTT



100286364121

04/15/16--01029--015 \*\*87.50

## COVER LETTER

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

336-847-2358

WestRelocationsInc@yahoo.com

SUBJECT:	elocations inc				
SOBJECT.	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an ori	ginal and one (1) copy of the ar	ticles of incorporation an	d a check for:		
□ \$70.00 Filing Fee	•	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	& Certificate of Status		
FROM:	erbert E West Jr				
Name (Printed or typed)  1391 NW Saint Lucie West Blvd #278  Address					
	City	State & Zin			

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

Daytime Telephone number

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

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

The name of the corpor	ration shall be:			_
ARTICLE II PRIN 1391 NW Saint Lucie	VCIPAL OFFICE Principal street address West Blvd #278	1	Mailing address, if different is:	
Port Saint Lucie, Flor	<u> </u>	<del></del>		
	the corporation is organized is:			
Owner/Operator lease	ed to Atlas Van Lines. Household Moving			
			<u> </u>	W. C.
			HAY -	
	<u>,</u>		7	7 27
			<del></del>	THE STATE OF
		<del></del>		
	of stock is:  IAL OFFICERS AND/OR DIRECTORS  Herbert E West Jr President	Name and Title	Cynthia M West Secretary	
The number of shares of ARTICLE V INIT	of stock is:  IAL OFFICERS AND/OR DIRECTORS		Cynthia M West Secretary 1391 NW Saint Lucie West Blu	/d #278
The number of shares of sh	of stock is:  IAL OFFICERS AND/OR DIRECTORS  Herbert E West Jr President tle:	Name and Title Address:	·	
The number of shares of ARTICLE V INIT	Harbert E West Jr President tle:  1391 NW Saint Lucie West Blvd #278		1391 NW Saint Lucie West Blv	
The number of shares of ARTICLE V INIT.  Name and Ti  Address	Harbert E West Jr President tle:  1391 NW Saint Lucie West Blvd #278	Address:	1391 NW Saint Lucie West Blv Port Saint Lucie, Florida 34986	5
The number of shares of ARTICLE V INIT.  Name and Ti  Address	Herbert E West Jr President tle:  1391 NW Saint Lucie West Blvd #278  Port Saint Lucie, Florida 34986	Address: Name and Title:	1391 NW Saint Lucie West Blv Port Saint Lucie, Florida 34986	5
The number of shares of ARTICLE V INIT.  Name and Ti  Address  Name and Title	Herbert E West Jr President tle:  1391 NW Saint Lucie West Blvd #278  Port Saint Lucie, Florida 34986	Address: Name and Title:	1391 NW Saint Lucie West Blv Port Saint Lucie, Florida 34986	5
The number of shares of ARTICLE V INIT.  Name and Ti  Address  Name and Title	Herbert E West Jr President tle:  1391 NW Saint Lucie West Blvd #278  Port Saint Lucie, Florida 34986	Address: Name and Title:	1391 NW Saint Lucie West Blv Port Saint Lucie, Florida 34986	5
The number of shares of ARTICLE V INIT.  Name and Ti Address  Name and Titl Address	Herbert E West Jr President tle:  1391 NW Saint Lucie West Blvd #278  Port Saint Lucie, Florida 34986	Address: Name and Title: Address:	1391 NW Saint Lucie West Blv Port Saint Lucie, Florida 34986	5
The number of shares of ARTICLE V INIT.  Name and Ti Address  Name and Titl Address	Herbert E West Jr President tle:  1391 NW Saint Lucie West Blvd #278  Port Saint Lucie, Florida 34986	Address: Name and Title: Address: Name and Title: Name and Title:	1391 NW Saint Lucie West Blv Port Saint Lucie, Florida 34986	5

ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  Herbert E West Jr  Name:    1391 NW Saint Lucie West Blvd #278	Name and	d Title:	Name and Title:	
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:    Herbert E West Jr	Address		Address:	
Address:    1391 NW Saint Lucie West Blvd #278	The name and Fl	orida street address (P.O. Box NOT acceptable)	of the registered agent is:	**************************************
ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Herbert E West Jr  Name:  1391 NW Saint Lucie West Blvd #278  Address:  Port Saint Lucie, Florida 34986  ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 busindays after the filing.)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list 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 designs this certificate. Sam familiar with and accept the appointment as registered agent and agree to act in this capacity  Required Signature/Registered Agent  Date  I submit this document and affirm that the facts stated herein are true. I am aware that the false information submittee.		1391 NW Saint Lucie West Blvd #278	_	
The name and address of the Incorporator is:    Name:   Herbert E West Jr	Address.	Port Saint Lucie, Florida 34986		
Address:    1391 NW Saint Lucie West Blvd #278   Port Saint Lucie, Florida 34986	The name and ad	dress of the Incorporator is:		
ARTICLE VIII _EFFECTIVE DATE:  Effective date, if other than the date of filing:		1391 NW Saint Lucie West Blvd #278	_	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list 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 designs this certificate. Lam familiar with and accept the appointment as registered agent and agree to act in this capacity  Required Signature/Registered Agent  Date  I submit this document and affirm that the facts stated herein are true. I am aware that the false information submittee		Port Saint Lucie, Florida 34986		
this certificate, Lam familiar with and accept the appointment as registered agent and agree to act in this capacity  L -  -    Required Signature/Registered Agent  Date  I submit this document and affirm that the facts stated herein are true. I am aware that the false information submittee	days after the fili	ng.) inserted in this block does not meet the applicable	ot be more than five business e statutory filing requirements,	
Required Signature/Registered Agent  Date  I submit this document and affirm that the facts stated herein are true. I am aware that the false information submittee	Having been nam this certificate, La	ed as registered agent to accept service of proce m familiar with and accept the appointment as re	ss for the above stated corporate gistered agent and agree to act	tion at the place designated in this capacity
I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitte				4-11-16
I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.		Required Signature/Registered Agent	_	Date
4-11-16	I submit this document to the D	ment and affirm that the facts stated herein are epartment of State constitutes a third degree felo	true. I am aware that the fals ny as provided for in s.817.155,	e information submitted i F.S.
				4-11-16

• •