

11/26/200

3:45

#175 P.00/003

# P16000004425

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H16000012848 3)))



H160000128483ABC/

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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

**FLORIDA PROFIT/NON PROFIT CORPORATION  
ALL IMMIGRATION SOLUTIONS CORP.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 JAN 15 PM 1:38

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AND  
FILED

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

H16000012848

**ARTICLE I NAME:** The name of the corporation is:

All Immigration Solutions Corp.

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

7291 SW 13 Terrace Miami FL 33144

**ARTICLE III SHARES:** The number of shares of stock is: 100

**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

Alberto Suarez Fernandez - Presidente  
Sandra Hernandez Hernandez - Vice-President &  
Secretary

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

ALBERTO SUAREZ FERNANDEZ  
7291 SW 13 Terr.  
Miami FL 33144

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:

ALBERTO SUAREZ FERNANDEZ  
7291 SW 13 Terr.  
Miami FL 33144

\*16000012848

11/26/2033 05:45

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#3775 P.003/003

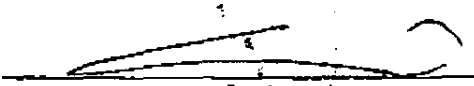
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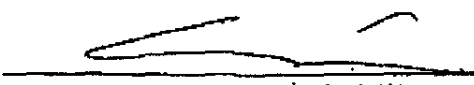
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Required Signatures:

*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*

  
\_\_\_\_\_  
Registered Agent: 01/15/2014  
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.*

  
\_\_\_\_\_  
Incorporator: 01/15/2014  
Date

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