

N14000010260

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

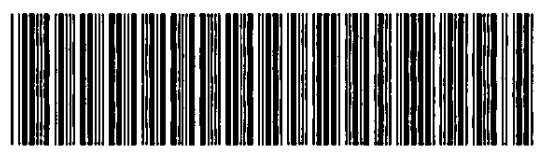
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

*[Handwritten signature]* 11/06/14

**COVER LETTER**

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

**SUBJECT: Legal Immigrants for America, Inc**

**(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)**

Enclosed is 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

**ADDITIONAL COPY REQUIRED**

**FROM: James Hansberger**  
Name (Printed or typed)

**1170 Tree Swallow Dr., Suite 302**  
Address

**Winter Springs, FL 32708**  
City, State & Zip

**407 977 1979**  
Daytime Telephone number

**Lifa2016@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 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be: Legal Immigrants For America, Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
1170 Tree Swallow Dr., Suite 302  
Winter Springs, Fl 32708

Mailing address, if different is:

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**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To inform legal immigrants to America about their new home's history and culture and to provide scholarships to their sons and daughters who qualify

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: Appointed

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

Name and Title: Amapola Hansberger  
Address: President and Director  
1170 Tree Swallow Dr., Suite 302  
Winter Springs, Fl 32708

Name and Title: Juan Torres  
Address: Vice President and Director  
1170 Tree Swallow Dr., Suite 302  
Winter Springs, Fl 32708

Name and Title: Stephen Guschov  
Address: Director  
1170 Tree Swallow Dr., Suite 302  
Winter Springs, Fl 32708

Name and Title: Joseph Boatwright  
Address: Director  
1170 Tree Swallow Dr., Suite 302  
Winter Springs, Fl 32708

Name and Title: James Hansberger  
Address: Director  
1170 Tree Swallow Dr., Suite 302  
Winter Springs, Fl. 32708

Name and Title: \_\_\_\_\_  
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: James Hansberger

Address: 1170 Tree Swallow Dr., Suite302

Winter Springs, Fl 32708

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: James Hansberger

Address: 1170 Tree Swallow Dr., Suite 302

Winter Springs, Fl 32708

*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*

James Hansberger  
Required Signature of Registered Agent

October 29,2014

Date

*I submit this document and affirm that the facts stated herein are true. I am aware that any 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.*

James Hansberger  
Required Signature of Incorporator  
James Hansberger

October 29,2014

Date