

N14000010260

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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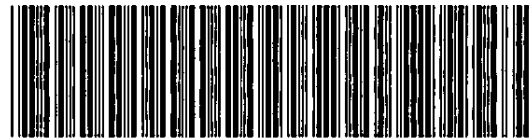
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Stephen Guschov
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: Juan Torres
Address: Vice President and 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: _____
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., Suite 302

Winter Springs, FL 32708

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

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TALLAHASSEE, FLORIDA

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