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Florida Department of State  
Division of Corporations  
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## To:

Division of Corporations  
Fax Number : (850) 922-4001

## From:

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## FLORIDA PROFIT CORPORATION OR P.A.

the immigration clinic, inc.

Certificate of Status	0
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**ARTICLES OF INCORPORATION FOR  
THE IMMIGRATION CLINIC, INC.**

The undersigned Incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation

**ARTICLE I - NAME**

The name of the Corporation shall be: THE IMMIGRATION CLINIC, INC.

**ARTICLE II - DURATION**

The duration of this corporation is perpetual.

**ARTICLE III - PURPOSE**

The purpose for which this Corporation is organized is any and all lawful business for which Corporations may be incorporated under the Florida General Corporation Act.

**ARTICLE IV - PRINCIPAL OFFICE**

The principal place of business and mailing address of this Corporation shall be:

1818 S Australian Ave., Ste. 102  
West Palm Beach, FL 33409

**ARTICLE V - DIRECTORS**

The name and street addresses of the initial directors are:

Roland Anthony Ulloa  
1818 S. Australian Ave., Ste. 102  
West Palm Beach, FL 33409

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**ARTICLE VI - SHARES**

The number of shares of stock that this Corporation is authorized to have outstanding at any one time is : 1,000 shares of Class A common voting stock at no par value per share.

**ARTICLE VII - INITIAL REGISTERED AGENT  
AND STREET ADDRESS**

The name and address of the initial registered agent is:

ROLAND ANTHONY ULLOA  
1818 S. Australian Ave., Ste. 102  
West Palm Beach, FL 33409

**ARTICLE VII - INCORPORATOR**

The name and street address of the Incorporator to these Articles of Incorporation is:

Roland Anthony Ulloa, Esquire  
1818 South Australian Avenue  
Suite 102  
West Palm Beach, FL 33409

**ARTICLE IX - BY-LAWS**

The By-Laws of the Corporation shall be initially adopted by Board of Directors, and may be changed or repealed by the affirmative vote of a majority of the shareholders at any meeting.

Dated this : 5 day of December 2000

  
ROLAND ANTHONY ULLOA, ESQUIRE

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**CERTIFIED OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the Florida, submits the following statement in designating the registered office/registered agent, in the Florida.

First that Roland Anthony Ulloa

desiring to organize under the laws of the State of Florida

with its principal office, as indicated in the articles of incorporation has

named : THE IMMIGRATION CLINIC, INC.

located at : 1818 S. Australian Ave., Ste. 102

City of: West Palm Beach County of: Palm Beach State of Florida,

as its agent to accept service of process within this state.

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

  
REGISTERED AGENT

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**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR  
DOMICILE OF PROCESS WITHIN THIS STATE NAMING  
AGENT UPON WHOM PROCESS MAY BE SERVED**

The following is submitted pursuant to Section 48.09 (1) and Section 607.034, Florida Statutes.

THE IMMIGRATION CLINIC, INC. desiring to organize under the laws of the State of Florida, has named ROLAND ANTHONY ULLOA, as its initial registered agent to accept service of process within the State.

**ACKNOWLEDGMENT:**

Having been named to accept service of process for the above-styled corporation, at the above stated office within this State, I hereby accept to act in this capacity and agree to comply with the provisions of said statute relative to keeping the registered office of the corporation open from 10:00 a.m. to noon each day, except Saturdays, Sundays and legal holidays, and to post herein a sign designating the name of the corporation and the name of its registered agent.

Dated this 5 day of December, 2000.

  
ROLAND ANTHONY ULLOA

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STATE OF FLORIDA  
COUNTY OF PALM BEACH

I HEREBY CERTIFY that on this day personally appeared before me, an officer duly authorized to administer oaths and take acknowledgments, ROLAND ANTHONY ULLOA, who is well known to me.



Mario F. Teperho  
MY COMMISSION # CC935452 EXPIRES  
May 10, 2004  
BONDED THRU TROY FARM INSURANCE, INC.

NOTARY PUBLIC

My Commission Expires  
(SEAL)

This instrument was prepared by:

ROLAND ANTHONY ULLOA, ESQUIRE  
Florida Bar No.: 309214  
1818 South Australian Avenue - Suite 102  
West Palm Beach, FL 33409  
561/655-6615/FAX561/682-3555

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