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Division of Corporations

: (850)205-0381 Fax Number

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 : (305) 634-3694 Phone

: (305) 633-9696 Fax Number

### FLORIDA PROFIT CORPORATION OR P.A.

#### L.L. IMMIGRATION SERVICES INC.

Certificate of Status		* FEBRUARY 1-1-041	0
Certified Copy			1
Page Count /			04
Estimated Charge			\$78.75
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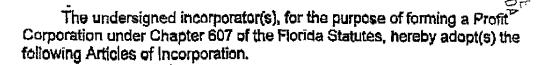
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#### ARTICLES OF INCORPORATION

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L.L. IMMIGRATION SERVICES INC.



#### ARTICLE I

The name of this corporation shall be:

L.L. IMMIGRATION SERVICES INC.

#### ARTICLE IL

This corporation shall commence existence upon the date of filing with the Division of Corporations, state of Florida, and shall have perpetual existence.

### **ARTICLE III**

The principal place of business of this corporation is:

6704 BISCAYNE BOULEVARD MIAMI FLORIDA, 33138

#### ARTICLE IV

The general nature of business of this corporation is to transact any and all lawful business.

#### **ARTICLE V**

The aggregate number of shares which this corporation shall have authority to issue are 100 shares having an individual par value of \$1.00

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Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

#### **ARTICLE VI**

The name and street address of the initial Registered Agent of this corporation shall be:

TERRY LEIGHTON 6704 BISCAYNE BOULEVARD MIAMI FLORIDA, 33138

#### ARTICLE VII

The name and address of the initial board of director( s) shall be:

TERRY LEIGHTON 6704 BISCAYNE BOULEVARD MIAMI FLORIDA, 33138

President, Secretary, Treasurer

DAWN MARIE LEIGHTON 6704 BISCAYNE BOULEVARD

V. President

#### ARTICLE VIII

The name and address of the incorporator executing these Articles of Incorporation is:

TERRY LEIGHTON

INCORPORATOR

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# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

L.L. IMMIGRATION SHRYTCES INC
(Name of Corporation)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, 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.

REGISTERED AGENT

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SECRETARY OF STATL
ALLAHASSEE FLORIDA

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