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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

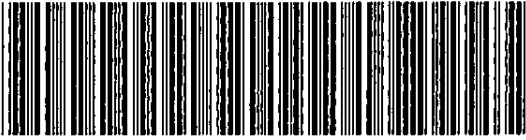
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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03/23/12--01016--014 \*\*78.75

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 APR -5 AM 11:43

PS 4/6/12



RECEIVED

12 APR -5 PM 12:50

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

March 26, 2012

YADIRA DELIMA  
361 SWALLOW DR. #4  
MIAMI SPRINGS, FL 33166

SUBJECT: DELIMA AND ASSOCIATES, CORP.  
Ref. Number: W12000016878

We have received your document for DELIMA AND ASSOCIATES, CORP. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

~~Please select a new name and make the correction~~ in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

~~Please return your document~~, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Pamela Smith  
Regulatory Specialist II

Letter Number: 512A00010182

## COVER LETTER

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

**SUBJECT: DELIMA AND ASSOCIATES, CORP.**

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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 of  
Status  
**ADDITIONAL COPY REQUIRED**

FROM: Yadira DeLima

Name (Printed or typed)

361 Swallow Dr. #4

Address

Miami Springs, FL 33166

City, State & Zip

305-316-7918

Daytime Telephone number

immigrationsupport@hotmail.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 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be: **DELIMA IMMIGRATION AND LITIGATION, INC.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

2221 NE 164th. Street  
North Miami Beach, FL 33160

Mailing address, if different is:

361 Swallow Dr. #4  
Miami, FL 33166

12 APR -5 AM 11:43

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Immigration, Income Tax, Divorces, Secretarial Typing, Legal Forms.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Yadira DeLima  
Address: 2221 NE 164th. Street  
North Miami Beach, FL 33160

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
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Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Yadira DeLima  
Address: 2221 NE 164th. Street  
North Miami Beach, FL 33160

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Yadira DeLima  
Address: 2221 NE 164th. Street  
North Miami Beach, FL 33160

*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*

De Lima

Required Signature/Registered Agent

03/31/2012

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.*

De Lima

Required Signature/Incorporator

03/31/2012

Date