

P12000062917

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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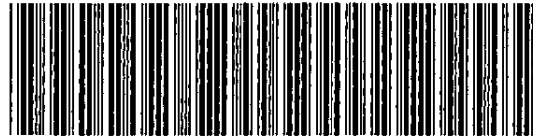
(Business Entity Name)

(Document Number)

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

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12 JUL 17 PM 12:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRD  
7/18/12

## COVER LETTER

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

SUBJECT: CMA Immigration and Legal Services, P.A.  
(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: Cristina Montes  
Name (Printed or typed)

1331 Brickell Bay Dr. Unit 201  
Address

Miami, FL, 33131  
City, State & Zip

787-424-9781  
Daytime Telephone number

cristi\_20@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: CMA Immigration and Legal Services, P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
1200 Brickell Avenue  
Miami, FL, 33131

Mailing address, if different is:  
1331 Brickell Bay Dr. Unit 201  
Miami, FL, 33131

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**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

This corporation is being organized for the purpose of rendering professional legal service to individuals including but not limited to immigration consultation and proceeding assistance involving the petition of non-immigrant /immigrant visas, consular proceedings, citizenship and naturalization, EOIR proceedings, among other legal services which may be required.

**ARTICLE IV SHARES**

The number of shares of stock is 500

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

Name and Title: <u>Cristina Montes</u>	Name and Title: _____
Address: <u>1331 Brickell Bay Dr. Unit 201</u>	Address: _____
<u>Miami, FL, 33131</u>	_____

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: Cristina Montes  
Address: 1331 Brickell Bay Dr. Unit 201  
Miami, FL, 33131

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

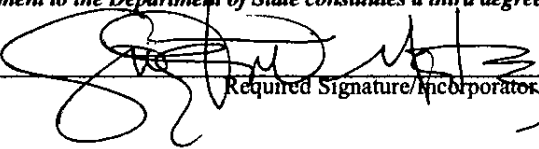
Name: Cristina Montes  
Address: 1331 Brickell Bay Dr. Unit 201  
Miami, FL, 33131

*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*

  
\_\_\_\_\_  
Required Signature/Registered Agent

07/10/2012  
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.*

  
\_\_\_\_\_  
Required Signature/Incorporator

07/10/2012  
Date