

P14000031992

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

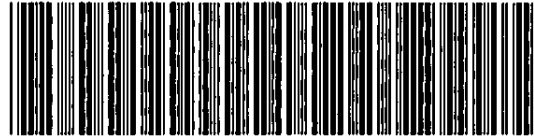
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 APR -7 AM 11:56

*COOK  
4/10/14*

**COVER LETTER**

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

**SUBJECT:** A Thru Z Immigration Services, Inc.

(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:** Nora L Lafaurie

Name (Printed or typed)

14335 SW 120 ST Suite 114

Address

Miami, FL 33186

City, State & Zip

(305)387-0222

Daytime Telephone number

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

**ARTICLE I NAME**

The name of the corporation shall be: A thru Z Immigration Services, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

14335 SW 120 Street

Same

Suite 114

Miami, Florida 33186

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: The purpose of the corporation is  
to engage or transact in any or all lawful activities or business  
permitted under the laws of the United States, the State of Florida or  
another state, county, territory or nation.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Zamira Lafaurie (president) Name and Title: \_\_\_\_\_

Address: 20631 SW 126 Ave Address: \_\_\_\_\_

Miami, Fl 33177 \_\_\_\_\_

President \_\_\_\_\_

Name and Title: Arianna Lafaurie (VP) Name and Title: \_\_\_\_\_

Address: 15626 SW 62 Ter Address: \_\_\_\_\_

Miami, Fl 33193 \_\_\_\_\_

V.President \_\_\_\_\_

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

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(conti.)

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: Nora Lafaurie  
Address: 14335 SW 120 St Suite 114  
Miami, FL 33186

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Nora Lafaurie  
Address: 14335 SW 120 St Suite 114  
Miami, FL 33186

*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 03/28/2014  
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 03/28/2014  
Date