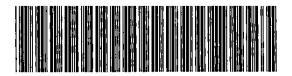
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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

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

SUBJECT: JUST	TICE FOR ALL IMMIGR	ATION SERVICES	CORP
50 D4 D6 1.	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	cicles of incorporation and	d 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 CO	PY REQUIRED
FROM: JL		e (Printed or typed)	ES CORP
		W 2 CT	
	MIAMI, FL	ORIDA 33169	9
	•	State & Zip	450
		8 / 786-333-8 Telephone number	452
	sarahvasque	ez06@gmail.c	com

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATIONIn compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

18000 NW	INCIPAL OFFICE Principal street address 2 CT	Mailing address,	if different is:
MIAMI, FLC	ORIDA 33169		
	the corporation is organized is:	SS	
ARTICLE IV SH. The number of shares of	ARES 100		15 JAW
		PRS	\(\frac{1}{2}\)
	TIAL OFFICERS AND/OR DIRECTO SARAH VASQUEZ, PRESIDENT e:	RS Name and Title:	29 PH
ARTICLE V INI	TIAL OFFICERS AND/OR DIRECTO		29 PH
ARTICLE V INI Name and Titl Address	TIAL OFFICERS AND/OR DIRECTO e: SARAH VASQUEZ, PRESIDENT 18000 NW 2 CT	Name and Title: Address:	29 PH12:00
ARTICLE V INI Name and Titl Address	TIAL OFFICERS AND/OR DIRECTO e: SARAH VASQUEZ, PRESIDENT 18000 NW 2 CT MIAMI, FLORIDA 33169	Name and Title: Address: Name and Title:	29 PH12:00
Name and Title Address Name and Title Address	TIAL OFFICERS AND/OR DIRECTO e: SARAH VASQUEZ, PRESIDENT 18000 NW 2 CT MIAMI, FLORIDA 33169	Name and Title:	2.9 PH I2: 0.0

Name an	d Title:	Name and Title:	
Address		Address:	
ARTICLE VI	REGISTERED AGENT		
The <u>name and F</u>	lorida street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name:	SARAH VASQUEZ		
Address:	18000 NW 2 CT		
	MIAMI, FLORIDA 33169		
ARTICLE VII	INCORPORATOR		
The <u>name and a</u>	Idress of the Incorporator is:		
Name:	SARAH VASQUEZ		
Address:	18000 NW 2 CT		
	MIAMI, FLORIDA 33169		
	ned as registered agent to accept service of process am familiar with and accept the appointment as regions		
<u> </u>	Required Signature/Registered Agent		Date
	rument and affirm that the facts stated herein are to Department of State constitutes a third degree felony		information submitted in a F.S.
<u> </u>	Required Signatur Incorporator		01/25/2015 Date
	\mathcal{I}		