

15 Jan 29 PM 12:00

COVER LETTER

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

SUBJECT: JUSTICE FOR ALL IMMIGRATION SERVICES 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: JUSTICE FOR ALL IMMIGRATION SERVICES CORP
Name (Printed or typed)

18000 NW 2 CT

Address

MIAMI, FLORIDA 33169

City, State & Zip

786-439-5798 / 786-333-8452

Daytime Telephone number

sarahvasquez06@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 JUSTICE FOR ALL IMMIGRATION SERVICES CORP
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address

18000 NW 2 CT
MIAMI, FLORIDA 33169

Mailing address, if different is: _____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES 100
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SARAH VASQUEZ, PRESIDENT

Address 18000 NW 2 CT
 MIAMI, FLORIDA 33169

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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(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: SARAH VASQUEZ
Address: 18000 NW 2 CT
MIAMI, FLORIDA 33169

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: SARAH VASQUEZ
Address: 18000 NW 2 CT
MIAMI, FLORIDA 33169

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

Sarah Vasquez 01/25/2015
Required Signature/Registered Agent 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.

Sarah Vasquez 01/25/2015
Required Signature/Incorporator Date