

P16000059013

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

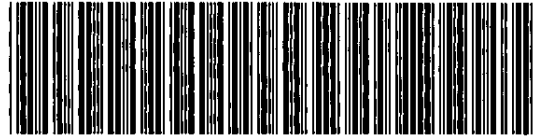
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

2/16 46443

Office Use Only



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06/24/16--01007--026 **78.75

FILED
16 JUL 14 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Handwritten marks at the bottom right corner.

COVER LETTER

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

SUBJECT: PLASENCIA 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: NELI PLASENCIA

Name (Printed or typed)

14248 SW 156 AVE

Address

MIAMI,FL,33196

City, State & Zip

786-641-9225

Daytime Telephone number

nellyplasencia04@gmail.com

E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 1, 2016

NELI PLASENCIA
14248 SW 156 AVE
MIAMI, FL 33196

SUBJECT: PLASENCIA IMMIGRATION SERVICES CORP.
Ref. Number: W16000046443

We have received your document for PLASENCIA IMMIGRATION SERVICES 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 document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of 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.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 516A00013873

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

16 JUL 14 AM 9:00

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be: PLASENCIA IMMIGRATION SERVICES CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

14248 SW 156 AVE

MIAMI,FL,33196

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: PREPARE IMMIGRATION FORMS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: NELI PLASENCIA, DIRECTOR

Name and Title: _____

Address 14248 SW 156 AVE

Address: _____

MIAMI,FL,33196

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

FILED

16 JUL 14 AM 9:00

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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: NELI PLASENCIA
Address: 14248 SW 156 AVE
MIAMI, FL, 33196

ARTICLE VII INCORPORATOR

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

Name: Neli Plasencia
Address: 14248 SW 156 AVE
MIAMI, FL, 33196


ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

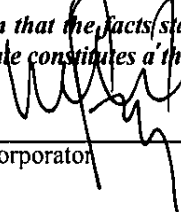
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

06/17/2016
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

06/17/2014
Date