

P230d00011055

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

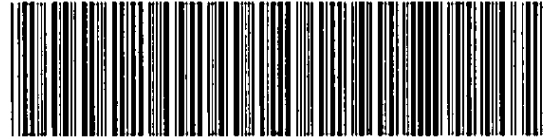
(Document Number)

Certified Copies _____ Certificates of Status _____

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2023 JAN 17 PM 12:11

PHILADELPHIA

COVER LETTER


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

SUBJECT: USAdvisor 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

 **Note: Fees have already been PAID!**

ADDITIONAL COPY REQUIRED

FROM: ANGELA CARDENAS
Name (Printed or typed)

4165 CRYSTAL LAKE DRIVE
Address

DEERFIELD BEACH, FLORIDA / ZIP CODE 33064
City, State & Zip

954 5156198
Daytime Telephone number

asesorias.inmigracion@gmail.com
E-mail address: (to be used for future annual report notification)

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

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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: USAdvisor Immigration Services INC.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
4165 Crystal Lake Drive
Deerfield Beach, Florida, 33064

Mailing address, if different is:
The same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

The purpose of the company is to offer professional services in the legal area and
immigration matters.

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ANGELA CARDENAS

Name and Title: _____

Address 4165 CRYSTAL LAKE DRIVE
Deerfield Beach, Florida
Zip Code: 33064

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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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: ANGELA CARDENAS

Address: 4165 Crystal Lake Drive, Deerfield Beach / FL

Zip Code: 33064

ARTICLE VII INCORPORATOR

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

Name: ANGELA CARDENAS

Address: 4165 Crystal Lake Drive, Deerfield Beach / FL

Zip Code: 33064

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 days prior or 90 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

Angela Cardenas
Required Signature/Registered Agent

01/11/2023

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.

Angela Cardenas
Required Signature/Incorporator

01/11/2023

Date

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STATE
OF FLORIDA

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