

L980000000164

OFFICE USE ONLY (Document)

LAZARUS CORPORATE FILING SERVICE, INC.

(Requestor's Name)

3320 S.W. 87th AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

500002421065--5

-02/04/98--01040--017

\*\*\*285.00 \*\*\*285.00

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. ADRIANA SCHAKED TRANSLATIONS INC.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00

☐ Certified Copy

☐ Mail out ☐ Will wait

☐ Photocopy

☐ Certificate of Status

98FEB-9 PM 3:37

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

| NEW FILINGS                         |                   |
|-------------------------------------|-------------------|
| <input type="checkbox"/>            | Profit            |
| <input type="checkbox"/>            | NonProfit         |
| <input checked="" type="checkbox"/> | Limited Liability |
| <input type="checkbox"/>            | Domestication     |
| <input type="checkbox"/>            | Other             |

| AMENDMENTS               |                                       |
|--------------------------|---------------------------------------|
| <input type="checkbox"/> | Amendment                             |
| <input type="checkbox"/> | Resignation of R.A., Officer/Director |
| <input type="checkbox"/> | Change of Registered Agent            |
| <input type="checkbox"/> | Dissolution/Withdrawal                |
| <input type="checkbox"/> | Merger                                |

CF-285

| OTHER FILINGS            |                  |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report    |
| <input type="checkbox"/> | Fictitious Name  |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/<br>QUALIFICATION |                     |
|--------------------------------|---------------------|
| <input type="checkbox"/>       | Foreign             |
| <input type="checkbox"/>       | Limited Partnership |
| <input type="checkbox"/>       | Reinstatement       |
| <input type="checkbox"/>       | Trademark           |
| <input type="checkbox"/>       | Other               |

BK

2/9/98

RECEIVED  
98FEB-4 AM 11:10  
DIVISION OF CORPORATIONS

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

February 4, 1998

LAZARUS

TALLAHASSEE, FL

SUBJECT: ADRIANA SCHAKED TRANSLATIONS L.C.  
Ref. Number: W98000002547

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 FEB -9 PM 3:37

We have received your document for ADRIANA SCHAKED TRANSLATIONS L.C. and your check(s) totaling \$285.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

In ART. II, you have listed a POST OFFICE BOX. That is fine for the MAILING ADDRESS, but we must also have the STREET ADDRESS of the PRINCIPAL OFFICE listed.

In ARTICLE IV, you must indicate one option or the other. If the company is going to be managed by an APPOINTED or ELECTED MANAGER or MANAGERS, please check the FIRST BOX, and indicate the names and addresses of the MANAGERS.

If the company is going to be managed by its MEMBERS, please check the SECOND BOX, and list the names and addresses of the MANAGING MEMBERS.

ALSO, ON THE AFFIDAVIT, you have indicated that \$2,000.00 in NON-CASH property is being contributed by the members. If property is contributed, a BRIEF DESCRIPTION of the property must be attached. This DESCRIPTION can be very brief. You do not need to list equipment serial numbers, or submit legal descriptions of real estate.

Please return 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) 487-6914.

Buck Kohr  
Corporate Specialist

Letter Number: 398A00006353

RECEIVED  
98 FEB -9 PM 2:53  
DIVISION OF CORPORATIONS

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
98 FEB - 9 PM 3:37

## ARTICLE I - Name:

The name of the Limited Liability Company is:

FORIANA SCHARKE TRANSLATIONS L.

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

MAILING ADDRESS  
P.O. BOX 630635  
N. MIAMI, FLORIDA, 33163

PRINCIPAL OFFICE  
3530 MYSTIC POINTE DRIVE  
AVENTURA, FL. 33180

## ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

5 YEARS

## ARTICLE IV - Management:

(check and complete the appropriate statement)

☒ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

- FORIANA SCHARKE  
3530 MYSTIC POINTE DRIVE  
AVENTURA FLORIDA 33180

- BARUCH SCHARKE  
3530 MYSTIC POINTE DR  
AVENTURA FLORIDA 33180

☐ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/ are:

- FORIANA SCHARKE  
3530 MYSTIC POINTE DRIVE  
AVENTURA FLORIDA 33180

- BARUCH SCHARKE  
3530 MYSTIC POINTE DRIVE  
AVENTURA 25 FLORIDA 33180

**ARTICLE V - Admission of Additional Members:**

The right, if given, of the remaining members to admit additional members and the terms and conditions of the admissions shall be:

*NONE*

FILED STATE  
SECRETARY OF CORPORATIONS  
98 FEB -9 PM 3:37

**ARTICLE VI - Members Rights to Continue Business:**

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

*NONE*

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: \_\_\_\_\_

ADRIANA SCHAKED TRANSLATIONS L.C.

2. The name and address of the registered agent and office is:

ADRIANA SCHAKED  
(Name)

3530 MYSTIC POINTE DR  
(P.O. Box not acceptable)

AVENUE FLORIDA 3310  
(City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

  
(Signature)

1/10/98  
(Date)

**FILING FEE: \$ 35 for Designation of Registered Agent**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 FEB -9 PM 3:37

## AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of ADRIANA

SCHAIKED TRANSLATIONS INC deposes and says:

- 1) the above named limited liability company has at least two members
- 2) the total amount of cash contributed by the member(s) is \$ 2000
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ 2000. A description of the property is attached and made a part hereof. Computer & Software
- 4) the total amount of cash or property anticipated to be contributed by member(s) is \$ 6000. This total includes amounts from 2 and 3 above.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 FEB -9 PM 3:37

  
Signature of a member or authorized representative of a member.  
(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

FILING FEE: \$ 250 for Articles of Organization and Affidavit