60000521

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TO:

Registration Section Division of Corporations

	16UAGE ASSOCIATES, INC
(Name of co	orporation - must include suffix)
Dear Sir or Madam:	-
The enclosed "Application by Foreign Corporate "Certificate of Existence", and check are submit to transact business in Florida.	ation for Authorization to Transact Business in Florida", itted to register the above referenced foreign corporation
Please return all correspondence concerning this	is matter to the following:
Janet L. Bailey	is same to the following.
	Name of Person)
Curlan	Name of Person) 600046217760 -10/03/0101057003 *****70.00 ******70.00
	Firm/Company)
11160 Veirs Mill Rel	. #506
	(Address)
Silver Spring, MD	20902
(City,	//State and Zip code)
	·
For further information concerning this matter, p	please call:
\a_1/D.~1	_
(Name of Person) at (301,946-9710
(Name of Person)	(Area Code & Daytime Telephone Number)
CEPRET ADDRESS	1 OCT
STREET ADDRESS: Registration Section	MAILING ADDRESS:
Division of Corporations	Division of Comment
409 E. Gaines St. Tallahassee, FL 32399	P.O. Box 6327
	Tallahassee, FL 32314 ORD ORD 31
Enclosed is a check for the following amount:	•
\$70.00 Filing Fee \$\times \text{ Certificate of Status}\$	
	Озилон Оору

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. SIGN LANGUAGE ASSOCIATES, 1	N.C.				
(Name of corporation; must include the word "INCORPORATED words or abbreviations of like import in language as will clearly in	", "COMPANY", "	CORPORATION CONTROL CORPORATION CONTROL CONTRO	ON" or ad of a		** •
natural person or partnership if not so contained in the name at pro		17/7	3.40		
2. WASHINGTON, DC 3. (State or country under the law of which it is incorporated)		126/0	<1.2		
1 August 13 1887	(rein	umber, ir appli	.cabie)		
4. <u>August 13, 1982</u> 5. (Date of incorporation) 5.	1erpetua	<u>2 / </u>			·
6 August_31,2001	- Juracion: Tear corp	. Will cease to	exist or "perpetua	ц")	
6. August_3/, 200/ (Date first transacted business in Florida. If corporation has not tra (SEE SECTIONS 607.1501, 60	nsacted business in	Florida, insert	"upon qualification	on.")	
7. 11160 VEIRS MILL RD, Stite S (Principal office address	06. SILVER	SPRING	MD 2090	n2	
(Principal office address		7-2100	, 10000		
Same as above (Current mailing address	- 100 mm	Sec.	≟	·y-	
(Current mailing address)	· · · · · · · · · · · · · · · · · · ·	17		
8. SIGN LANGUAGE NTERPRETATI (Purpose(s) of corporation authorized in home state or count	-				
(Purpose(s) of corporation authorized in home state or count	y to be carried out it	n state of Flori	da)		-
9. Name and street address of Florida registered agent: (P.				01	
Name: EDWARD F. GARAIN, III			AHAS	130	
Office Address: 100 N. TAMPA 57. #35	50	<u></u>	RY OF	ယ်	
TAMPA (City)	, Florida <u>33</u> 6	002	FLOF	œ	
(City)	(Zip	code)	<u>Ş</u> H	င်ပ	-
0. Registered agent's acceptance:					
Taving been named as registered agent and to accept service of the signated in this application. I havely accept the application of the signated in this application.	f process for the a	above stated o	corporation at ti	he plac	e
urther agree to comply with the provisions of all statutes relat	as registered age	nt and agree		_	I
uties, and I am familiar with and accept the obligations of my	position as regist	na complete tered agent.	perjormance oj	my	
\mathcal{L}	,	.		•	
1-71-9			a.c		

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

(Registered agent's signature)

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: <u>See attached</u> Address: ___ Vice Chairman: _____ Address: _ Director: _ Director: Address: _ **B. OFFICERS** President: See ATTACHED Vice President: Address: _ Secretary: _ Address: _ Treasurer: ___ Address: _ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) PRESIDENT (Typed or printed name and capacity of person signing application)

Sign Language Associates, Inc. 11160 Veirs Mill Road, Suite 506 Silver Spring, MD 20902 301-946-9710 (v/tty) _ 301-946-9685 (fax)

President:

Janet L. Bailey 1600 N. Oak Street, #1525 Arlington, VA 22209

Secretary:

Gwen Fitzgerald 8109 Touchstone Terrace McLean, VA 22102

Directors:

Karen Stone 1714 Hollinwood Drive Alexandrai, VA 22307

Edward F. Gagain, III 1506 Little Brook Lane Brandon, FL 33511

Dr. Sue Bailey 4840 Montgomery Lane Bethesda, MD 20814 SECRETARY OF STATE TALLAHASSEE, FLORIDA 01 OCT -3 PM S

GOVERNMENT OF THE DISTRICT OF COLUMBIA

DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS

CERTIFICATE

THIS IS TO CERTIFY that there were received and accepted for record in the Department of Consumer and Regulatory Affairs, Corporations Division, on the 13th day of August, 1982 Articles of Incorporation of:

SIGN LANGUAGE ASSOCIATES, INC.

WE FURTHER CERTIFY that the above named corporation is in <u>Good Standing</u> and duly incorporated and existing according to the records of Corporations Division, having filed all reports as required by the District of Columbia Business Corporation Act.

IN TESTIMONY WHEREOF I have hereunto set my hand and caused the seal of this office to be affixed this 18th day of September, 2001.

David Clark

Elizabeth O. Kim

Administrator

Business Regulation Administration

Patricia E. Grays

Superintendent of Corporations

Corporations Division

Anthony A. Williams Mayor