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J. BRYNN OCT 1 1 2005

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: Bilingual Language Services, Inc. (Name of corporation - must include suffix)
Dear Sir or Madam;
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.
Please return all correspondence concerning this matter to the following:
Ricardo Gonzalez
Kicardo Gonzalez (Name of Person)
Bilingual Language Services, Inc.
(Firm/Company)
843 Cypress Pkwy Suite 401
(Address)
Biciana, Fl 34759
(City/State and Zip code)
(City/State and Zip code) For further information concerning this matter, please call: Penny Purchell (PA at (678) 482-9500 (Name of Person) (Area Code & Daytime Telephone Number)
Penny Purchell CPA # (678) 482-9500
(Name of Person) (Area Code & Daytime Telephone Number)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:
☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certificate of Status

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. Bilingual Language Services, Inc. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "lac.," "Co.," "Corp," "Inc," "Co," or "Corp.") name adopted for the purpose of transacting business in Plorida) Georgia (State or country under the law of which it is incorporated) 3-01-94 (Date of incorporation) (Date first transacted business in Plorida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, P.S., to determine penalty liability) (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. (Registered agent's signature)

- 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.
- 12. Names and business addresses of officers and/or directors;

A. DIRECTORS
Chairman: Ricardo Goozalez
Address: 843 Cypress Pkusy, Suite 401
Porciona Fl 34759
Vice Chairman: Cecelia Gunzalez
Address: 843 Cypress Phuy Suite 401
Poisione F) 34759
Director:
Address:
Director:
Address:
B. OFFICERS
President: Ricardo Gonzalez
Address: 843 Cypress Pkun Suit 4101
Polliana Fl 34759
Vice President: Cecelia Genzalez
Address: 843 Cypress Pkwy Suite 401
Poisianc, \$1 34759
Secretary: Ricardo Gonzalez
Address:
Treasurer: Ricardo Gonzalez
Address:
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13. Ciculation
(Signature of Director or Officer listed in number 12 of the application)
14. Ricardo Gonzalez - CEO (Typed or printed name and capacity of person signing application)
(a) has at former more and and and an hand of handy of history

Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

JOHN T. GRIZZLE, CPA, PC TIM GRIZZLE 4335 SOUTH LEE STREET, SUITE B BUFORD, GA 30518

: X406240 CONTROL NUMBER DATE INC/AUTH/FILED: 03/04/1994 JUHISDICTION : GEORGIA : 07/20/2005 PRINT DATE FORM NUMBER : 211



CERTIFICATE OF EXISTENCE

I. Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that as of the above print date

BILINGUAL LANGUAGE SERVICES, INC. A GEORGIA PROFIT CORPORATION

is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated

The state of the s

Said entity was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date and has not filed articles of dissolution, certificate of cancellation or any other similar document with the Office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the print date above. It does not certify whether or not a notice of intent to dissolve an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of Stately

electronically transmitted. issued and certified in This information is accordance with the Georgia Electronic Records and Signatures Act and Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

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Secretary of State