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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

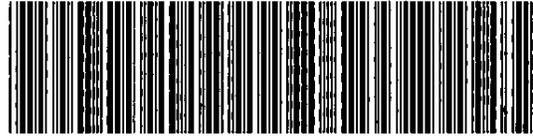
(Business Entity Name)

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gr 11/05/09

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: MULTILINGUA GROUP, 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," or "Certificate of Good Standing" 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:

SUSANA PEÑALOSA
Name of Person

MULTILINGUA GROUP, INC
Firm/Company

1000 PONCE DE LEON BLVD., SUITE 315
Address

CORAL GABLES, FL. 33134
City/State and Zip code

SP. MULTILINGUA @ EMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SUSANA PEÑALOSA at (787) 360-4397
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Cop
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

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. MULTILINGUA GROUP, INC. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

N/A (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. PUERTO RICO (State or country under the law of which it is incorporated) 3. 06-06121279 (FEI number, if applicable)

4. JUNE 2005 (Date of incorporation) 5. PERPETUAL (Duration: Year corp. will cease to exist or "perpetual")

6. N/A (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. URBANIZACION PARK GARDENS, N-44 AERDIA, SAN JUAN, PR 00926 (Principal office address) 1000 PONCE DE LEON BLVD., SUITE 315 CORAL GABLES, FL. 33134 (Current mailing address)

8. TRANSLATION AND INTERPRETATION SERVICES (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: SUSANA PEÑALOSA

Office Address: 1000 PONCE DE LEON BLVD., SUITE 315 CORAL GABLES, Florida 33134 (City) (Zip code)

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10. 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.

[Signature] (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:

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A. DIRECTORS

Chairman: _____ 2009 NOV -4 PM 3:41

Address: N/A

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____ N/A

B. OFFICERS

President: SUSANA PEÑALOSA

Address: URBANIZACIÓN PARK GARDENS

N-44 ACADIA, SAN JUAN, PR 00926

Vice President: N/A

Address: _____

N/A

Secretary: SUSANA PEÑALOSA

Address: URBANIZACIÓN PARK GARDENS
N-44 ACADIA, SAN JUAN, PR 00926

Treasurer: SUSANA PEÑALOSA

Address: URBANIZACIÓN PARK GARDENS
N-44 ACADIA, SAN JUAN, PR 00926

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 

(Signature of Director or Officer listed in number 12 of the application)

14. SUSANA PEÑALOSA, PRESIDENT

(Typed or printed name and capacity of person signing application)



Commonwealth of Puerto Rico
DEPARTMENT OF STATE
San Juan, Puerto Rico

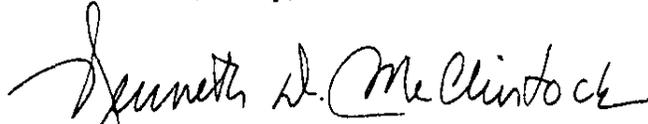
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I, **KENNETH D. McCLINTOCK**, Secretary of State of the Commonwealth of Puerto Rico,

CERTIFY: That, pursuant to the provisions of the Article 15.01 of the General Corporation Law of 1995, "**MULTILINGUA GROUP INC.**", register number **128527**, a **profit** close corporation organized under the laws of Puerto Rico, has complied with the filing of Annual Reports; therefore, it is in good standing.

IN WITNESS WHEREOF, sign the present and cause to be affixed on it the Great Seal of the Commonwealth of Puerto Rico, in the City of San Juan, today, October 8, 2009.


KENNETH D. McCLINTOCK
Secretary of State

KMH/Isr
0762645 - \$10.00

Certification of the Annual Reports Officer

I hereby certify that I have read and revised the aforementioned corporate record and that it complies with Chapter XV, Article 15.01 of the General Corporation Law.

October 8, 2009
Date

Lillian Silva
Annual Reports Officer