

Division of Corporations

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Florida Department of State
Division of Corporations
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**FOREIGN PROFIT/NONPROFIT CORPORATION
LINGUALINX LANGUAGE SOLUTIONS, INC.**

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help

14 AUG -7 AM 9:58
DIVISION OF CORPORATIONS

14 AUG -7 PM 4:06
TALLAHASSEE, FLORIDA

REC'D
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**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. LINGUALINX LANGUAGE SOLUTIONS, INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. New York 3. _____
(State or country under the law of which it is incorporated) (FBI number, if applicable)
4. October 24, 2002 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon filing
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 433 River Street, Suite 6001, Troy, NY 12180
(Principal office address)
- 433 River Street, Suite 6001, Troy, NY 12180
(Current mailing address)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: NRAI Services, Inc.
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (Zip code)

9. 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.

NRAI Services, Inc.
By: *Patricia M. Ricci*
(Registered agent's signature)

10. 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.

14 AUG - 7 AM 9:59

DIVISION OF CORPORATE REGISTRATION

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Jonathan Smith

Address: 433 River Street, Suite 6001, Troy, NY 12180

Director: _____

Address: _____

B. OFFICERS

President: David Smith

Address: 433 River Street, Suite 6001, Troy, NY 12180

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

12. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. Jonathan Smith

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

74 AUG - 7 AM 9:59
DIVISION OF STATE RECORDS

**State of New York
Department of State } ss:**

I hereby certify, that the Certificate of Incorporation of LINGUALINX LANGUAGE SOLUTIONS, INC. was filed on 10/24/2002, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 06th day of August
two thousand and fourteen.*

Anthony Giarina

Anthony Giarina
Executive Deputy Secretary of State