

From:

10/16/2015 09:56

#289 P.001/005

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800) 221-2972
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TALLAHASSEE, FLORIDA

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**FOREIGN PROFIT/NONPROFIT CORPORATION
BILINGUAL PROFESSIONAL AGENCY INC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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TALLAHASSEE, FLORIDA

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E. BRUCE

From:

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October 16, 2015

FLORIDA DEPARTMENT OF STATE

Division of Corporations

BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

SUBJECT: BILINGUAL PROFESSIONAL AGENCY INC

REF: W15000068796

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You have submitted a Foreign Corporation on a Foreign LLC form. Please submit on a Foreign Corporation form.,

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) 245-6051.

Karen A Saly
Regulatory Specialist II

FAX Aud. #: H15000246979
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15 OCT 16 AM 11:06
TALLAHASSEE FLORIDA

From:

10/16/2015 09:56

#289 P.003/005

**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. BILINGUAL PROFESSIONAL AGENCY, 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

(State or country under the law of which it is incorporated)

3. 11-2880271

(FEI number, if applicable)

4. 11/13/1986

(Date of incorporation)

5. PERPETUAL

(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. 1663 EAST 17TH STREET BROOKLYN, NY 11229

(Principal office address)

1663 EAST 17TH STREET BROOKLYN, NY 11229

(Current mailing address)

8. EDUCATIONAL, 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:

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.

Office Address:

155 OFFICE PLAZA DRIVE 1ST FL

TALLAHASSEE

(City)

, Florida 32301

(Zip code)

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.

(Registered agent's signature)

Jose Mojica, Asst. Sec.

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.

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FLORIDA

From:

10/16/2015 09:57

#289 P.004/005

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

A. DIRECTORS

Chairman: FLORENCE GELIEBTER

Address: 1663 EAST 17TH STREET BROOKLYN, NY 11229

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: FLORENCE GELIEBTER

Address: 1663 EAST 17TH STREET BROOKLYN, NY 11229

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. *Florence Geliebter* _____
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.

14. FLORENCE GELIEBTER

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

From:

10/16/2015 09:57

#289 P.005/005

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

I hereby certify, that the Certificate of Incorporation of BILINGUAL PROFESSIONAL AGENCY, INC. was filed on 11/13/1985, 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. I further certify the following:

A Biennial Statement was filed 05/12/1993.

A Biennial Statement was filed 02/11/1999.

A Biennial Statement was filed 11/07/2000.

A Biennial Statement was filed 12/20/2002.

A Biennial Statement was filed 12/17/2004.

A Biennial Statement was filed 11/21/2006.

A Biennial Statement was filed 10/30/2008.

A Biennial Statement was filed 01/21/2011.

A Biennial Statement was filed 11/21/2012.

A Biennial Statement was filed 11/03/2014.

I further certify that no other documents have been filed by such corporation.



Witness my hand and the official seal
of the Department of State at the City
of Albany, this 09th day of October
two thousand and fifteen.

Anthony Giardina

Anthony Giardina
Executive Deputy Secretary of State