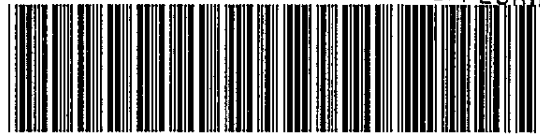


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04 JAN 15 AM 11:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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01/15/04--01033--019 \*\*130.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

FILED

04 JAN 15 AM 11:55

Denise M. Boehning  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
Vero Beach, FL 32968

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

January 13, 2004

Re: GETS Language Services, LLC.

Enclosed please find an original and one copy of the articles of Organization for a Florida Limited Liability Company. Please also find enclosed a check in the amount of US\$ 130.00 for the filing fee (\$100), the designation of registered agent (\$25) and Certificate of Status (\$5).

Sincerely yours,



Denise Boehning

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I-Name:**

The name of the Limited Liability Company shall be:  
GETS LANGUAGE SERVICES, LLC.

**ARTICLE II-Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:  
505 53<sup>RD</sup> SQUARE, VERO BEACH, FLORIDA 32968

**ARTICLE III-Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

DENISE BOEHNING  
505 53<sup>RD</sup> SQUARE  
VERO BEACH, FLORIDA 32968

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

  
DENISE BOEHNING

**ARTICLE IV- Management (Check box if applicable.)**

☐ The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager- managed company.

(An additional article must be added if an effective date is requested)

  
Signature of a member or an authorized representative of a member.

( In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

  
Typed or printed name of signee

**FILING FEES:**

\$100.00 Filing Fee for Articles of Organization  
\$25.00 Designation of Registered Agent  
\$30.00 Certified Copy (Optional)  
\$5.00 Certificate of Status (Optional)

**FILED**  
04 JAN 15 AM 11:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



## DISCLOSURE

**FILED**

It is a requirement of law that Kimberly A. Temple tell me that she is not an attorney and that she may not give me legal advice or represent me in court. She told me that she may help me prepare documents approved by the Florida Supreme Court of Florida and that she cannot tell me what my rights or remedies are or how to testify in court.

01 JAN 15 AM 11:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Kimberly A. Temple may help me by asking me questions to prepare these documents and may also tell me how to file the documents with the court.

## DISCLAIMER

Kimberly A. Temple disclaims all liability for damages in carrying out services as requested by the client, and the Client, having been so informed, in further consideration of her willingness to provide such services, hereby releases, discharges, and acquits her, and her employees and agents, from any and all claims, actions, suits, or liabilities that may arise as a result of or in connection with the performance of the services not resulting directly and wholly from the negligence of Kimberly A. Temple, her agents or employees.

I understand that I am making the decisions that will be incorporated into the legal documents I am requesting and that I have made this choice freely and voluntarily

☒ I can read English.

☐ I cannot read English but this notice was read to me by

Name \_\_\_\_\_ in \_\_\_\_\_ language

Date 01/13/04

Referred by: \_\_\_\_\_

SIGNATURE Stephen W. Beckwith

PRINTED NAME Stephen W. Beckwith

ADDRESS 505 53rd Square

VERO BEACH, Florida 32968

CITY STATE ZIP

TELEPHONE NO. (772) 778-0542

Kimberly A. Temple

KIMBERLY A. TEMPLE

1420 20TH STREET

VERO BEACH, FLORIDA 32960

(772) 778-0021

**\*\* PLEASE NOTE:** Notary services are provided as a courtesy at no charge. You must provide a government issued photo ID and a witness, when necessary, or you may have your documents notarized at the place of your choosing.