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Special Instructions to Filing Officer:

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ALLAHASSEE, FLORIDA

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI		· · · · · · · · · · · · · · · · · · ·	
	Name of Limited I	iability Company	
The en	closed Articles of Organization and fee(s) are sub-	nitted for filing.	
Please	return all correspondence concerning this matter t	o the following:	
	Adrian A. Febles		2
		me of Person	PHAY I
	Fit	т/Сотрану	0:
	13300-56 S. Cleveland A		
		Address	
[Fort Myers, FL 33907		·
	·	ate and Zip Code	
	feblessolutions@yahoo.com		
	E-mail address: (to be used for f	-	
For fur	ther information concerning this matter, please ca	l:	
Adria	an A. Febles	,239 , 247-443	7
	Name of Person	Area Code & Daytime Tele	phone Number
Enclos	sed is a check for the following amount:		
	O Filing Fee \$\times \text{\$130.00 Filing Fee & Certificate of Status}	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section	Street/Courier Address Registration Section	

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

4. 4.

ARTICLE II - Name: The name of the Limited Liability Company is: Febles Language Solutions, LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.") ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: 13300-56 S. Cleveland Avenue No. 620 Fort Myers, FL 33907 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Adrian A. Febles Name 7831 Reflection Cove Dr #101 Florida street address (P.O. Box NOT acceptable)
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7831 Reflection Cove Dr #101
7831 Reflection Cove Dr #101
Florida street address (P.O. Box NOT acceptable)
Fort Myers FL 33907 FL
City, State, and Zip
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
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	77 75
MGRM	Adrian A. Febles
	13300-56 S. Cleveland Ave. No. 620
	Fort Myers FL 33907
(Use attachment if necessary)	
•	on the date of filing: 5/8/2012 (OPTION
(Use attachment if necessary) LE V: Effective date, if other thate if the date is listed, the date in	on the date of filing: 5/8/2012 (OPTION ust be specific and cannot be more than five business da
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LE V: Effective date, if other that fective date is listed, the date m days after the date of filing.) REQUIRED SIGNATURE: Signature of a n (In accordance with section constitutes an affirmation I am aware that any false	nember or an authorized representative of a member. on 608.408(3), Florida Statutes, the execution of this document a under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State
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\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)