

L13000164241

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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EFFECTIVE DATE

01-01-14

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DIVISION OF CORPORATE & COMMERCIAL

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
FILED

B. BOSTICK

NOV 22 2013

EXAMINER

(850) 245-6051.

COVER LETTER

TO:- Registration Section
Division of Corporations

SUBJECT: International Translation and Interpreting Associates, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kimberly Williams

Name of Person

ITIA, L.L.C.

Firm/Company

296 Whetherbine Way, East

Address

Tallahassee

City/State and Zip Code

kimberlywilliam@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Clarissa Borge

Name of Person

at (786) 214-1157

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

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

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

International Translation and Interpreting Associates, Limited Liability Company

(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:

Mark Kalinskiy

1609 Sunset Lane

Tallahassee, FL 32303

Mailing Address:

Kimberly Williams, ITIA, LLC

296 Whetherbine Way, East

Tallahassee, FL 32301

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:

Teresa Coachman

Name

3827 SmokingThunder Court

Florida street address (P.O. Box **NOT** acceptable)

Tallahassee, FL 32301

City, State, and Zip

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TALLAHASSEE, FLORIDA

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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..

Teresa Coachman
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

Managing Member

Clarissa Borge

3409 LeJeune Road, Apt 2

Coral Gables, FL 33134

Managing Member

Svitlana Kalinska

3225 Majestic Prince Trail

Tallahassee, FL 32309

Managing Member

Kimberly Williams

296 Whetherbine Way, East

Tallahassee, FL 32301

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SECRET
TALLAHASSEE
FLORIDA
STATE

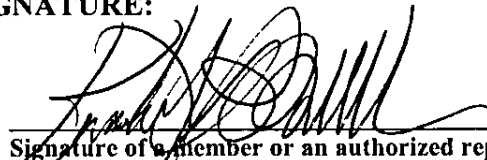
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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: January 1, 2014. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



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. I am aware that any 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.)

Kimberly Williams

Typed or printed name of signer

Filing Fees:

**\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent**

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)