

L14000042367

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

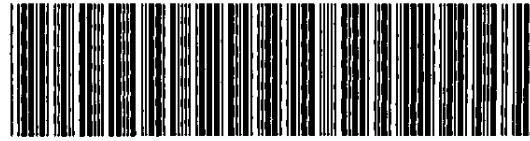
(Business Entity Name)

(Document Number)

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

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14 MAR 10 PM 3:35

MAR 13 2014  
J. HARRIS

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Native Tongue 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:

Christina Parsons  
Name of Person

\_\_\_\_\_  
Firm/Company

9050 Pines Blvd Ste 250  
Address

Pembroke Pines, FL 33024  
City/State and Zip Code

christina@dasgroup.com  
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Christina Parsons at ( 954 ) 647-9801  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$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  
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

9050 Pines Blvd Suite 250  
Pembroke Pines, FL 33024  
March 5, 2014

Re: Native Tongue LLC registration request


Gentlemen:

Enclosed is our check #14530 in the amount of \$125 for the registration of Native Tongue LLC, along with the Articles of Organization. Please see attached letter of permission to use the Native Tongue name signed by Native Tongue, Inc owners.

If you should need any additional information, please feel free to contact us.

Thank you for your attention to this matter.

Yours truly,



Christina Parsons

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Native Tongue Inc.  
9050 Pines Blvd Suite 250  
Pembroke Pines, FL 33024  
March 5, 2014

Re: Native Tongue LLC registration request

Gentlemen:

Please be advised that we are the owners of Native Tongue, Inc. and we give our permission for the Native Tongue name to be registered as an LLC per the attached request.

If you should need any additional information, please feel free to contact us.

Thank you for your attention to this matter.



Christina Parsons  
Vice President



Karen Korner  
CEO

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Native Tongue 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:

9050 Pines Blvd Ste 250  
Pembroke Pines, FL 33024

Mailing Address:

9050 Pines Blvd Ste 250  
Pembroke Pines, FL 33024

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:

Christina Parsons

Name

9050 Pines Blvd Ste 250

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

Pembroke Pines FL 33024

City

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 605, F.S..*

Christina Parsons

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

Christina Parsons  
9050 Pines Blvd Ste 250  
Pembroke Pines, FL 33024

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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(Use attachment if necessary)

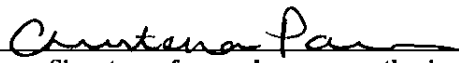
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.)

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**



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

(In accordance with section 605.0203 (1) (b), 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.)

Christina Parsons

Typed or printed name of signee

**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)

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