

L15000097278

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

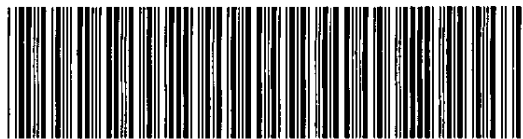
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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Y SULKER

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 APR 22 AM 9:42

FILED

~~WIS-30723~~

4/30/15

YS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 1, 2015

ROSAELENA VALENCIA
17718 SW 135TH CT
MIAMI, FL 33177

National
SUBJECT: NATIONAL ACCREDITED INTERPRETERS, LLC
Ref. Number: W15000030723

RECEIVED
15 MAY 21 PM 4: 10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

National
We have received your document for NATIONAL ACCREDITED INTERPRETERS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 605.0207, F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on April 22, 2015. Please amend your document accordingly.

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.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 915A00008939

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2015 APR 22 AM 8: 22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: National Accredited Interpreters
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:

Rosaelena Valencia

Name of Person

National Accredited Interpreters

Firm/Company

17718 SW 135th CT.

Address

Miami, FL 33177

City/State and Zip Code

nationalaccreditedinterpreters@gmail.com

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

For further information concerning this matter, please call:

Rosaelena Valencia	305	204-1624
at ()		
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)
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Mailing Address

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

Street Address

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

National Accredited Interpreters, 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:

17718 SW 135th CT
Miami, Fl 33177

P.O.Box 771286
Miami, Fl 33177

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:

Rosaelena Valencia

Name

17718 SW 135th CT.

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

Miami

Fl

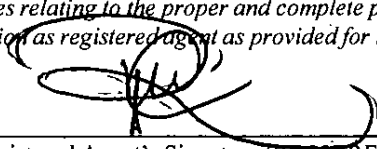
33177

City

State

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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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2015 APR 22 AM 8:42
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TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Rosaelena Valencia

P.O.Box 771286

Miami, FL 33177

AMBR

Jeffrey Villa

P.O.Box 771286

Miami, FL 33177

AMBR

Sandra Fernandez

P.O.Box 771286

Miami, FL 33177

(Use attachment if necessary)

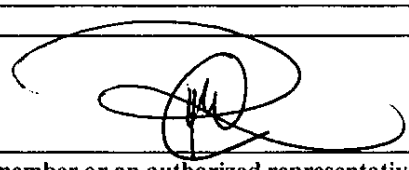
ARTICLE V: Effective date, if other than the date of filing: April 22, 2015 (OPTIONAL)

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.)

Rosaelena Valencia

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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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA