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SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 JUN 17 PM 1:41

THOMAS J. PALMIERI, P.A.

Law Offices

340 Minorca Avenue
Suite One
Coral Gables, Florida 33134
Telephone: (305) 441-9021
Telefax: (305) 441-9217

207 Beverly Court
Melbourne Beach, FL 32951
Email 1: palmierilaw@gmail.com
Email 2: tom@tomatitle.com
Thomas J. Palmieri, Esq.
Mabel C. Cardona, Paralegal

Reply to Coral Gables

June 16, 2016

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

Via Federal Express

Re: Lingual Liberty, LLC
Domestication to Florida LLC of a Swiss Federation Sarl

Gentlemen:

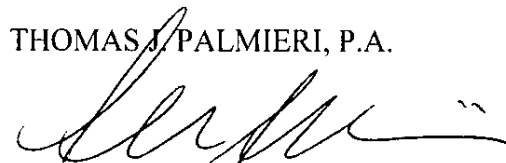
Enclosed you will find cover letters and completed forms for the purpose of domesticating Lingual Liberty, LLC, a Swiss Federation limited liability company, to a Florida limited liability company of the same name.

Also enclosed is my check in the amount of \$155.00 to cover the cost of filing fees and a certificate of status. Please contact me should you require anything else in order to process this domestication.

Thank you.

Sincerely,

THOMAS J. PALMIERI, P.A.



Thomas J. Palmieri

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RECEIVED
DIVISION OF CORPORATIONS
JUN 17 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **LINGUAL LIBERTY, LLC**

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Articles of Domestication of a Non-U.S. Entity and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Thomas J. Palmieri

Name of Person

Thomas J. Palmieri, P.A.

Firm/Company

340 Minorca Ave., Suite One

Address

Coral Gables, FL 33134

City/State and Zip Code

palmierilaw@gmail.com

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

For further information concerning this matter, please call:

Thomas J. Palmieri

Name of Person

at (**305441**) **441.9021**

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

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JUN 16 2016

ARTICLES OF DOMESTICATION

In accordance with 605.1055, Florida Statutes, the Articles of Domestication are submitted for filing:

1. The date on which the entity was first formed was: June 3, 2013
2. The name of the entity immediately prior to the filing of the Articles of Domestication was:
Lingual Liberty Sarl
3. The effective date of the domestication is: upon filing
(cannot be prior to or 90 days later than date document is received for 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.

4. Attached are Florida Articles of Organization to complete the domestication requirements pursuant to s. 605.0201.
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the entity or any other equivalent jurisdiction under applicable law, immediately before the filing of the Articles of Domestication was: Swiss Federation - ID No. CH-660.1.484.013-5
6. The domestication has been approved in accordance with the laws of the jurisdiction of formation of the domesticating entity.

I am authorized to sign these Articles of Domestication on behalf of the entity.

Michel Nedeff, Manager and President

Authorized Signature

7. Attached is a certificate of status or equivalent document, if any, from the domesticating jurisdiction of formation, pursuant to s. 605.1055 (3), Florida Statutes.

Articles of Domestication:	\$25
Articles of Organization:	\$125
Total to Domesticate and file:	\$150

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Lingual Liberty, 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:

Thomas J. Palmieri

Name of Person

Thomas J. Palmieri, P.A.

Firm/Company

340 Minorca Ave., Suite One

Address

Coral Gables, FL 33134

City/State and Zip Code

palmierilaw@gmail.com

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

For further information concerning this matter, please call:

Thomas J. Palmieri at (**305**) **441.9021**
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Lingual Liberty, 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:

920 Coral Way

Coral Gables, FL 33134

Mailing Address:

920 Coral Way

Coral Gables, FL 33134

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:

Thomas J. Palmieri, Esq.

Name

340 Minorca Ave., Suite One

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

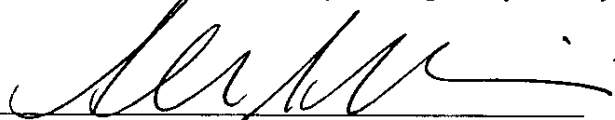
Coral Gables

FL 33134

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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

MGR

Name and Address:

Michel Nedeff

920 Coral Way

Coral Gables, FL 33134

Didier Fillon

920 Coral Way

Coral Gables, FL 33134

16 JUN 17 PM 1:41

STATE OF FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATE AFFAIRS

(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 605.0205 (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.817.55, F.S.)

Michel Nedeff

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)