

LI8000115947

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

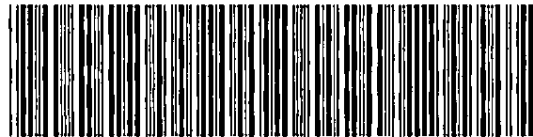
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*U.S.
10-6-18*



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 6, 2018

HERVE BRUNEUS
2517 N DIXIE HWY
LAKE WORTH, FL 33460 US

SUBJECT: IMMIGRATION-TRANSLATION & MULTI SERVICES
Ref. Number: L18000115947

We have received your document for IMMIGRATION-TRANSLATION & MULTI SERVICES and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of 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.

Janeice L Smith
Regulatory Specialist II
Registration Section

Letter Number: 018A00018377

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
VP	SAMANTHA PRESENDIEU	3080 CONGRESS PARK DR APT 838 LAKE WORTH FL 33461	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
VP	CARMONA SHAYEENA	2000 N CONGRESS AVE LOT 197 WEST PALM BEACH, FL 33409	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
WE NEED TO ADD OUR EMPLOYER IDENTIFICATION NUMBER TO THE FILE. EIN: 82-5475290

Lined area for amending information.

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E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 09-20-18

[Signature]
Signature of a member or authorized representative of a member

Samantha E. Presudien
Typed or printed name of signee