

U19000227494

SECRETARY OF STATE
TALLAHASSEE, FL

Cover Letter

9/4/2019

To Whom it May Concern:

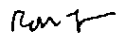
Please note this Cover Letter in accompany with our Application to create a Florida LLC, namely TB Translations LLC.

It's Principal Place of Business and Mailing Address will be: 7815 N. Dale Mabry Hwy, Suite 202, Tampa, Florida, 33614. Its managing entity will be: New Language Capital, located at the same address.

The Purpose of the newly formed Entity will be to perform a consumer and business service of Written Translations of documents from one language to another language.

Also herewith are the Articles of Organization.

Thank you,



Ross Feldman

Daytime Phone: 201-851-8690

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: TB Translations 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:

Ross Feldman

Name of Person

New Language Capital LLC

Firm/Company

7815 N. Dale Mabry Hwy, Suite 202

Address

Tampa, Florida 33614

City/State and Zip Code

rfeldman@tbtranslations.com

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

For further information concerning this matter, please call:

Ross Feldman

201

851-8690

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)

Mailing Address

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

Street Address

New Filing 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:

TB Translations LLC

(Must contain 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:

7815 N. Dale Mabry Hwy, Suite 202
Tampa, Florida 33614

Mailing Address:

7815 N. Dale Mabry Hwy, Suite 202
Tampa, Florida 33614

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:

Ross Feldman

Name

7815 N. Dale Mabry Hwy, Suite 202

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

Tampa

City

Florida

State

33614

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)

FILED
2019 SEP -6 AM 8:37
SECRETARY OF STATE
TALLAHASSEE, FL

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 AMBR

Name and Address:

New Language Capital LLC

7815 N. Dale Mabry Hwy, Suite 202

Tampa, Florida 33614

(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.)

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.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

Ross Feldman

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)