JCS

L19000227497

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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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 at (201) 851-8690
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:	**Mailing Address:**
7815 N. Dale Mabry Hwy, Suite 202	7815 N. Dale Mabry Hwy, Suite 202
Tampa, Florida 33614	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	Florida	33614
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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ARTICLE IV-
The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGR AMBR	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:

Ron F

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)