

1230000504767

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

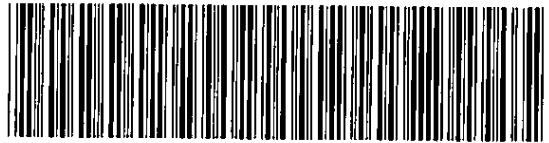
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(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W23000044444

Office Use Only



400418282414

*Handwritten signature*  
7/18/23

09/10/23--01018--019 \*\*150.00

2023 SEP 19 AM 12:35  
SECRETARY OF STATE  
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 3, 2023

CHANY GROVE  
LINGUISTIC SERVICES, LLC  
13130 SW VERMILLION CIRCLE  
PORT SAINT LUCIE, FL 34987

SUBJECT: LINGUISTIC SERVICES, LLC  
Ref. Number: W23000044444

2023 SEP 19 AM 12:35  
RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL

We have received your document for LINGUISTIC SERVICES, LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

?  
Name inactive  
Reg. expires on  
9/23/2023  
ck. Search  
Records at  
Sunbiz

Check 2 wks  
before 9/23/23

Please complete the marked sections in the Articles of Conversion. A signature is missing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

OK to resubmitt after 9/23

If you have any questions concerning the filing of your document, please call (850) 245-6052.

8/3/2023

DANIEL L O'KEEFE  
Regulatory Specialist II

Letter Number: 723A00007486

2023 SEP 19 PM 3:01  
RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL

## COVER LETTER

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

**SUBJECT:** Linguistic Services, LLC

(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

Chany Grove

(Contact Person)

Linguistic Services, LLC

(Firm/Company)

13130 SW Vermillion Circle

(Address)

Port Saint Lucie, Florida 34987

(City, State and Zip Code)

chany9@icloud.com

E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Chany Grove

540

560-2612

at (

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)

☒ \$150.00 Filing Fees  
(\$25 for Conversion  
& \$125 for Articles  
of Organization)

☐ \$155.00 Filing Fees  
and Certificate of  
Status

☐ \$180.00 Filing Fees  
and Certified Copy

☐ \$185.00 Filing Fees,  
Certified Copy, and  
Certificate of Status

**Mailing Address:**

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

**Street Address:**

New Filing Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

2023 SEP 19 AM 12:35  
STATE  
FIDELITY & SECURITY

**Articles of Conversion**  
For  
**"Other Business Entity"**  
Into  
**Florida Limited Liability Company**

The Articles of Conversion **and attached Articles of Organization** are submitted to convert the following **"Other Business Entity" into a Florida Limited Liability Company** in accordance with s.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:  
Linguistic Services, LLC

(Enter Name of Other Business Entity)  
Limited Liability Company (sole proprietor)

2. The "Other Business Entity" is a \_\_\_\_\_  
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)  
Virginia

First organized, formed or incorporated under the laws of \_\_\_\_\_  
(Enter state, or if a non-U.S. entity, the name of the country)

03/06/2006

on \_\_\_\_\_  
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:  
Linguistic Services, LLC

(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: 04/01/2023 <sup>CS</sup>  
(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after the date this document is filed by the Florida Department of State.)

**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.

5. The plan of conversion has been approved in accordance with all applicable statutes.

6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

2023 SEP 19 AM 12:35  
FLORIDA DEPT. OF STATE  
FILING

Signed this 6th day of March 20 23

**Signature of Authorized Representative of Limited Liability Company:**

Signature of Authorized Representative: Chany Grove

Printed Name: Chany Grove

Title: Principal (Sole Proprietor)

**Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]**

Signature: Chany Grove

Printed Name: CHANY GROVE

Title: PRINCIPAL - AGENT  
(SOLE PROPRIETOR)

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

**If Florida Corporation:**

Signature of Chairman, Vice Chairman, Director, or Officer.

If Directors or Officers have not been selected, an Incorporator must sign.

**If Florida General Partnership or Limited Liability Partnership:**

Signature of one General Partner.

**If Florida Limited Partnership or Limited Liability Limited Partnership:**

Signatures of ALL General Partners.

**All others:**

Signature of an authorized person.

**Fees:**

Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

SEP 19 2023  
11:12:00  
AM  
12:00  
PM  
2023 SEP 19 AM 12:00

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Linguistic Services, 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:

13130 SW Vermillion Circle

Port St. Lucie

FL 34987

#### Mailing Address:

13130 SW Vermillion Circle

Port St. Lucie

FL 34987

### 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:

Chany Grove

Name

13130 SW Vermillion Circle

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

Port Saint Lucie

34987

FL

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)

2023 SEP 19 AM 12  
FILED  
CLERK OF COURT  
JUDICIAL CIRCUIT IN AND FOR  
THE 11TH JUDICIAL CIRCUIT  
IN FLORIDA  
PORT ST. LUCIE

**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

**Name and Address:**

Chany Grove

13130 SW Vermillion Circle

Port St. Lucie, FL 34987

(Use attachment if necessary)

**ARTICLE V: Other provisions, if any.**

N/A

**REQUIRED SIGNATURE:**

*Chany Grove*

**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.

Chany Grove

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)**

2023 SEP 19 AM 12:55  
STATE OF FLORIDA  
DEPARTMENT OF STATE