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OFFICE USE ONLY (Document #)

LAZARUS CORPORATE FILING SERVICE, INC.

(Requestor's Name)

3320 S.W. 87th AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip)

(Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Linguanet, LLC

(Corporation Name)

(Document #)

2. _____

(Corporation Name)

(Document #)

3. _____

(Corporation Name)

(Document #)

4. _____

(Corporation Name)

(Document #)

☒ Walk in

☒ Pick up time

2:00

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

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-09/24/99--01055--023

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NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A. Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

Name	MJH
Availability	
Document	
Examiner	
Updater	
Updater	
Verifier	
Acknowledgment	
W. P. Verifier	

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 SEP 24 PM 2:07

RECEIVED
99 SEP 24 AM 11:32
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I

The name of the Limited Liability Company is: LinguaNet, LLC

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DIVISION OF CORPORATIONS
99 SEP 24 PM 2:07

ARTICLE II

The mailing address and street address of the principal office of the Limited Liability Company is:

PMB 398
1172 South Dixie Highway
Coral Gables, FL 33146-2918

ARTICLE III

The period of duration for the Limited Liability Company shall be:

Perpetual duration

ARTICLE IV

The limited Liability Company is to be managed by the members and the name(s) and address (es) of the managing member(s) is/are: _

Laura Pittinari
3098 Indiana Street
Miami, FL 33133

**CETIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE**

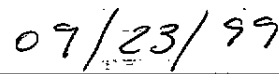
PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA
STATUTES, THE UNDERSIGNED IN DESIGNATING THE REGISTERED
OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company: LinguaNet, LLC
2. The name and address of the registered agent and office is:

Laura Pittinari
3098 Indiana Street
Miami, FL 33133

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 statues 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.

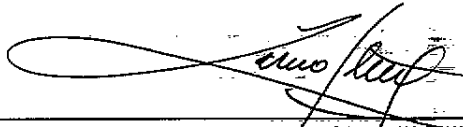

(Signature)


(Date)

ARTICLE V

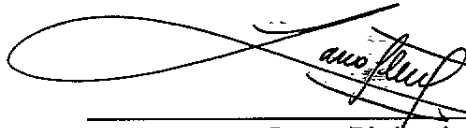
The undersigned member or authorized representative of a member of LinguaNet, LLC certifies:

- 1) The above named limited liability company has at least one (1) member;
- 2) The total amount of cash contributed by the member(s) is \$ 100.00;
- 3) If any, the agreed value of property other than cash contributed by the member(s) is a description of the property is attached and made a part hereto;
- 4) The amount of cash or property is anticipated to be contributed by member(s) is \$ 100.00;



SIGNATURE OF A MEMBER OR AUTHORIZED REPRESENTATIVE OF A
MEMBER

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true)



Laura Pittinari