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SECRETARY OF STATE
TALL AHASSEF, FLORID.

COVER LETTER

TO: Registration Section Division of Corporations							
SUBJECT: TRANSCATIN LLC							
(Name of Limited Liability Company)							
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida							
Please return all correspondence concerning this matter to the following:							
JAVIER F. VILLALOBOS (Name of Person)							
(Name of Person)							
TRANSLATIN LLC							
(Firm/Company)							
122 NW PLEASANT GROVE WAY							
122 NW PLEASANT GROVE WAY (Address)							
PORT SAINT LUCIE, FL 34986							
(City/State and Zip Code)							
For further information concerning this matter, please call:							
(Name of Person) (Area Code & Daytime Telephone Number)							
MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301							
Enclosed is a check for the following amount: \$\Bigsiz\$ \text{\$\substack{125.00 Filing Fee}} \text{\$\substack{130.00 Filing Fee}} \text{\$\substack{155.00 Filing Fee}} \text{\$\substack{25.00 Filing Fee}}							

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

. TR	ANS LATIN LLC (Name of Foreign				_
	(Name of Foreign	Limited Liability	Company)		_
. <i>vi t</i>	RGINIA er the law of which foreign limited	3.	11 - 3749743		
(Jurisdiction unde company is organ	er the law of which foreign limited sized)	liability	(FEI number, if applic	able)	_
MAY	6 2005 Pate of Organization)	5	PERPETUAL ation: Year limited liability cor		
(D	ate of Organization)	(Dur exist	ation: Year limited liability cor or "perpetual")	npany will cease to	,
	AUGUST, 2, 2006			OF TALE	
	AUGUST, 2, 2006 (Date first transacted busi (See sections 608.501 & 60	ness in Florida, if p 08.502 F.S. to detern	rior to registration.) nine penalty liability)	CRET	
/22	2 NW PLEASANT GROW	VE WAY		29 ASS	
POR	ET ST. WICE FL 349.	86		E C A	
	et st. Lucie, FL 3496 (Stree	t Address of Princi	oal Office)	STATE FLORIC	_
If limited liab	ility company is a manager-r	nanaged compai	ny, check here	AH II: 08 Y OF STATE SEE, FLORIDA	T.
JANIER F.	VILLALOBOS, 122 NW	PLEASANT GA	POVE WAY, PORT ST. LUC	je, FL 34981	<u>6</u> –
e jurisdiction under Instation of the cert	iginal certificate of existence, no mor rthe law of which it is organized. (A tificate under oath of the translator m asiness or purposes to be cond	A photocopy is not ac ust be submitted.)	ceptable. If the certificate is in a	foreign language, a	
PRINTED	MATERIAL; TRANSLAT	ions; INTER	PRETATION SERVICES.		_•
,		. Kin			
	Signature of a member (In accordance with section 60 an affirmation under the penal	18.408(3), F.S., the ex	representative of a member ecution of this document constitute e facts stated herein are true.)	Der.	
	, JAVIEN	e F. VILLALOS	205		
	Typed o	or printed name of	of signee		

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Li	mited Liability (Company is:			
	TRANS LATI	N LLC			
2. The name and the F	lorida street add	ress of the r	egistered a	agent and office a	re:
	JAVIE	ELF. VIL	LA COBO.	F	
		(Na	ıme)		
	122 NW	PLEASANT	GAO VE	WAY	
	Florida Stree	et Address (P.C	D. Box NO	WAY CACCEPTABLE)	
	PORT ST.				
		City	//State/Z.ip		
Having been named as liability company at the agent and agree to act relating to the proper a obligations of my positi	place designated in this capacity. Ind complete perf	d in this certi I further agr formance of t	ificate, I he ee to comp my duties,	ereby accept the ap ply with the provisi and I am familiar v	opointment as registere ons of all statutes with and accept the
	Signature)				
()	Signature)				

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Commonwealth of Hirginia



State Corporation Commission

I Certify the Following from the Records of the Commission:

A certificate of organization was issued by the Commission to TransLatin, LLC, a limited liability company formed under the laws of VIRGINIA, effective as of May 06, 2005.

As of the date below, articles of cancellation have not been filed in this office by TransLatin, LLC, a Virginia limited liability company.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date: November 7, 2006

Joel H. Peck, Clerk of the Commission