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(Requestor's Name)		
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PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Codifical Contract Chapter		
Certified Copies Certificates of Status		
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Taunere DEC O & SUM

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. LEGAL INTERPRETERS LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.I.	
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.I.	L.C.," or "LLC.")
NA	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alte Liability Company," "L.L.C," or "LLC.")	ernate name must include "Limited
2. NEW JERSEY (Jurisdiction under the law of which foreign limited liability (FEI number, in	
(Jurisdiction under the law of which foreign limited liability (FEI number, if company is organized)	fapplicable)
4(Date first transacted business in Florida, if prior to registration.)	
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
5. 9/12 Alternate A 1A, Suite 213	
North Polm Beach, FL 33403 (Street Address of Principal Office)	
	· · · · · · · · · · · · · · · · · · ·
Palm Beach Gardens, FL 33410	
7. The name, title or capacity and address of the person(s) who has/have authority	to manago is/arge
AGATA BACZYK (OWNER/CEO)	
9443 Bloomfield Drive	SSEE OF
Pelm Beach Gardens, FL 33410	F. O. O. F.
8. Attached is an original certificate of existence, no more than 90 days old, duly as	uthenticated by the official
having custody of records in the jurisdiction under the law of which it is organized acceptable. If the certificate is in a foreign language, a translation of the certificate	. (A photocopy is not
must be submitted)	
Ap L. Deory k Signature of an authorized person	
Signature of an authorized person	
(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of	finerium that the facts stated herein are tore. I

AGATA BACZYK

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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 Limited Liability Company is:			
LEGAL INTERPRETERS LLC			
If unavailable, the alternate to be used in the state of Florida is:			
2. The name and the Florida street address of the registered agent and office are:			
AGATA BACZYK (Name) 9443 Bloomfield Drive Florida Street Address (P.O. Box NOT ACCEPTABLE) Pelm Beach Gardeng FL 33410 City/State/Zip	SECRETARY OF STATE	14 NOV 21 AM 8: 56	Control of the Contro

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, Florida Statutes.

Ap. A. Bevryk
(Signature)

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

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: LEGAL INTERPR	RETERS LLC
Name (of Limited Liability Company
	ity Company for Authorization to Transact Business in Florida," Certificate of ve referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter	er to the following:
AGATA BAG	CZYK
	Name of Person
	00.5
LEGAL INTE	RPRETERS LLC Firm/Company
	Firm/Company
9443 BLOOM	FIELD
	Address
PALM BEACH	GARDENS FL 33410
	GARDENS FL 33410 City/State and Zip Code
ADACZYK @ LEGA	o be used for future annual report notification)
E-mail address: (to	o be used for future annual report notification)
For further information concerning this matter, please	at (718) 490 - 736 977 Area Code Daytime Telephone Number
_AGATA BACZYK	11(7)8 、 490-7369 章 節
Name of Contact Person	Area Code Daytime Telephone Number
	STREET ADDRESS: Division of Corporations
	Registration Section
•	Clifton Building
	2661 Executive Center Circle
	Tallahassee, FL 32301
Enclosed is a check for the following amount	t:
□ \$125.00 Filing Fee \$130.00 Filing I	
Certificate of St	

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

LEGAL INTERPRETERS LLC

0400547237

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on February 1, 2013.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

Agata Baczyk 16 Jordan Ave Wallington, NJ 07057

IN TESTIMONY WHEREOF Phave hereunto set my hand and affixed my Official Seal at Trenton, this 17th day of November, 2014

Certification# 134220831

Andrew P Sidamon-Eristoff
State Treasurer

Verify this certificate at https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify Cert.jsp