M17000003650

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: pull an extra 55.00 from account per Melissa on 5/1
Office Use Only



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S Warren SEP 1 2 2016

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 278112 7445947

AUTHORIZATION: Smelle le sa

COST LIMIT : \$ 70.00

ORDER DATE: September 1, 2016

ORDER TIME : 1:21 PM

ORDER NO. : 278112-020

CUSTOMER NO: 7445947

FOREIGN FILINGS

NAME: TRANSPERFECT STAFFING

SOLUTIONS, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:

COVER LETTER

TO:		ition Section of Corporations	i						
TransPerfect Staffing Solutions, LLC SUBJECT:									
Name of Limited Liability Company									
The en Exister	closed "Ap	oplication by Fore eck are submitted	ign Limited Liability Comp to register the above refere	any for Authorization to Tra need foreign limited liability	nsact Business in Florida," Certificate of company to transact business in Florida				
Please	return all c	correspondence co	onceming this matter to the l	following:					
		Steve Tondera			,				
	Name of Person								
	TransPerfect Translations International Inc.								
	Firm/Company								
	3 Park Ave 39th Floor								
	Address								
	New York, NY 10016								
	City/State and Zip Code								
stondera@transperfect.com									
E-mail address: (to be used for future annual report notification)									
For fu	ırther infori	mation concerning	g this matter, please call:						
Steve Tondera				212 689-55	55				
		time Telephone Number							
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314				STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle					
	1 4114114	220,142217	an California ann an Aragonia Sanda ann an Agus an Sanda an Aragonia an Aragonia an Aragonia an Aragonia an Ar		see, FL 32301				
Enclo		eck for the follow 5.00 Filing Fee	ing amount; \$\Boxed{\Omega}\$ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy	S160.00 Filing Fee, Certificate of Status & Certified Copy				

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:

	AFFING SOLUTIONS, LLC		
(Name of Fore	ign Limited Liability Company; must include "	Limited Liability Company," "L.L.C.,"	or "LLC.")
iability Company," "L.L.C,"			name must include "Limited
Delaware	3 33	-1118079	
(Jurisdiction under the (avecompany is organized)	of which foreign limited liability	(FEI number, if applica	ble)
·	(Date first transacted business in Florid	n if prior to posiciration	
	(See sections 605.0904 & 605.0905, F.S.	to determine penalty liability)	
. 3 Park Ave. Floor 39			
New York, NY 10016			
	(Street Address of Principal O	ffice)	r~3
3 Park Ave Floor 39			200
New York, NY 10016			그렇 걸 🚨
	(Mailing Address)		
. Name and street addres	s of Florida registered agent: (P.O. Box <u>N</u>	IOT acceptable)	m m
Name:	Corporation Service Company		
Office Address:	1201 Hays Street		Q. U.
	Tallahassee	, Florida 32301	A A
Registered agent's accep	(City)	(Zip code)	ı
Having been named as re designated in this applica to complywith the provisi	gistered agent and to accept service of protion, I hereby accept the appointment as rooms of all statutes relative to the proper any position as registered agent. Corporation Service Company By:	egistered agent and agree to act in all complete performance of my du	n this capacity. I further agree ties, and I am familiar with and Melissa Zender
	(Registered agent	s signature)	Asst. Vice President
8. The name, title or capa	acity and address of the person(s) who has/	have authority to manage is/are:	
Elizabeth Elting (Manage	r) 3 Park Ave Floor 39 New York, NY 10	OTG USA	PAREATO TO WAS TO THE SAME SAME SAME TO THE THE THE THE SAME COMMISSION OF WAS AND
Philip Shawe (Manager)	3 Park Ave Floor 39 New York, NY 100	D16 USA	
4		117	
	of existence, no more than 90 days old, du of which it is organized. (If the certificate i ubmitted)		
	Signature of an auth	orized person	
	•	•	
	d in accordance with section 605.0203 (1) (o the Department of State constitutes a third		
	Steve Tondera		

Typed or printed name of signee

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "TRANSPERFECT STAFFING SOLUTIONS LLC"

IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF

THIS OFFICE SHOW, AS OF THE EIGHTH DAY OF SEPTEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TRANSPERFECT STAFFING SOLUTIONS LLC" WAS FORMED ON THE TENTH DAY OF MAY, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Authentication: 202957485

Date: 09-08-16

3967797 8300 SR# 20165704365