

M1700000903S

(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:

Office Use Only



400304809544

10/23/17--01022--026 **130.00

D - 0
OCT 24 2017



Diversified Sign Language Services, LLC

"Mining the Gap Between Language & Communication"

October 20, 2017

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: L17000190903

September 2017, I submitted the following cover letter and paperwork:

Please see the attached paperwork to convert a recently filed Electronic Articles of Organization for a Florida Limited Liability Company to a Foreign Limited Liability Company.

Additionally, the name of the business originally showed "servies" on the paper work. The business name has been corrected with "services" on the Foreign Limited Liability Conversion.

Today, 10/20/17

After seeing our company listed as INACT/CV on the sunbiz.org site, I called (850) 245-6051 and spoke with Jasmine. Jasmine informed me that the directions I received to submit the **Conversion Form** (Florida LLC into "Other Business Entity") were incorrect directions. She instructed me to complete the attached **Foreign Limited Liability Company** Application.

This is our company listed on sunbiz.org: the word "services" is misspelled.

DIVERSIFIED SIGN LANGUAGE SERVIES, LLC / L17000190903 / INACT/CV

It is very important that the date we first transacted business in Florida is **9/15/17**.

Sincerely,

Jennifer A. Mitchell

Jennifer A. Mitchell
Operations Manager
Diversified Sign Language Services, LLC
jennifer@diversifiedsls.com
Office: (443) 718-9674
Mobile: (301) 514-1712
Fax: (301) 371-3606

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Diversified Sign Language Services, 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:

Jennifer A. Mitchell
Name of Person

Diversified Sign Language Services, LLC
Firm/Company

519 W. Main Street
Address

Middletown, MD 21769
City/State and Zip Code

info@diversifiedsls.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer A. Mitchell at (301) 514-1712
Name of Contact Person Area Code Daytime 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
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 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:

1. Diversified Sign Language Services, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Maryland 3. 71-1032733
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 09/15/2017 (*original paperwork filed incorrectly, yet date remains the same: 9/15/17)
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. <u>11208 Silver Tree Place</u> (Street Address of Principal Office) <u>Columbia, MD 21044</u>	6. <u>11208 Silver Tree Place</u> (Mailing Address) <u>Columbia, MD 21044</u>
--	---

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: HAROLD ARIAS
Office Address: 19017 FISHERMANS BEND DRIVE
LUTZ, Florida 33558
(City) (Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Harold Arias

(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Owner</u>	<u>Mark A. Morrison</u> <u>11208 Silver Tree Place</u> <u>Columbia, MD 21044</u>		
<u>Operations Manager</u>	<u>Jennifer A. Mitchell</u> <u>519 W. Main Street</u> <u>Middletown, MD 21769</u>		

(Use attachments if necessary)

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. 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.

Jennifer A. Mitchell

Signature of an authorized person

Jennifer A. Mitchell

Typed or printed name of signee

STATE OF MARYLAND

Department of Assessments and Taxation

I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES, OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT DIVERSIFIED SIGN LANGUAGE SERVICES, LLC (W11829256), REGISTERED MARCH 20, 2007, IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS OCTOBER 20, 2017.



Michael L. Higgs
Director



301 West Preston Street, Baltimore, Maryland 21201
Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TTY/Voice