

P00000005471

TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

700003092537--6  
-01/10/00--01108--003  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: SEMANTICS TRANSLATIONS & PUBLISHING, INC.  
(Proposed corporate name – must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

\$78.75  
Filing Fee & Certificate of Status

FILED  
00 JAN 10 AM 7:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FROM: PEDRO M. OLIVEIRA  
Name (Printed or typed)

2544 NW 99<sup>TH</sup> AVE.  
Address

CORAL SPRINGS, FL 33065  
City, State & Zip

(954) 341-4721  
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

T. Burch JAN 19 2000

## ARTICLES OF INCORPORATION

*The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.*

### ARTICLE I NAME

The name of the corporation shall be:

**SEMANTICS TRANSLATIONS & PUBLISHING, INC.**

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

2544 NW 99<sup>th</sup> Ave.  
Coral Springs, FL 33065

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1000 (one thousand) shares of \$0.10 (ten cents of a dollar) par value common stock.

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS


The name and Florida street address of the initial registered agent are:

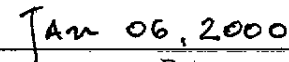
Pedro M. Oliveira  
2544 NW 99<sup>th</sup> Ave  
Coral Springs, FL 33065

### ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

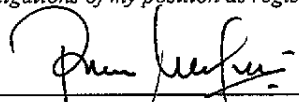
Pedro M. Oliveira  
2544 NW 99<sup>th</sup> Ave  
Coral Springs, FL 33065

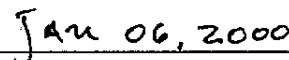
  
\_\_\_\_\_  
Signature/Incorporator

  
\_\_\_\_\_  
Date

(An additional article must be added if an effective date is requested.)

*Having been named as registered agent and to accept service of process for the above stated corporation 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*

  
\_\_\_\_\_  
Signature/Registered Agent

  
\_\_\_\_\_  
Date

FILED  
00 JAN 10 AM 7:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA