

P01000042010

Florida Department of State
Division of Corporations
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Katherine Harris, Secretary of State

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To: Division of Corporations
Fax Number : (850)205-6381

From: Account Name : GARSOZA SERVICES, INC.
Account Number : I19990000075
Phone : (954)979-4365
Fax Number : (954)979-2421

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA PROFIT CORPORATION OR P.A.

Acento Language Services Corp.

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ARTICLES OF INCORPORATION
OF
Acento Language Services Corp.

The undersigned incorporator(s), 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:

Acento Language Services Corp.

ARTICLE II PRINCIPAL OFFICE

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

11954 W Sample Rd
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:

One thousand (1000) common shares at no Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Isabel Mendoza
11954 W Sample Rd
Coral Springs, FL 33065

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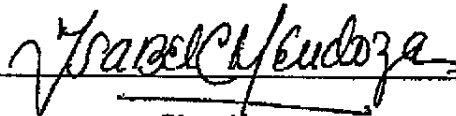
ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are);

Isabel Mendoza
11954 W Sample Rd
Coral Springs, FL 33065

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

_____ 25th _____ day of _____ April _____, 2000.



Signature

N/A

Signature

N/A

Signature

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT

PURSUANT TO THE PROVISIONS OF SECTION 807.0501 OR 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:

Acento Language Services Corp.

2. The name and address of the registered agent and office is:

Isabel Mendoza

(Name)

11954 W Sample Rd

(Address - P.O.Box not acceptable)

Coral Springs, FL 33065

(City, State & Zip)

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Having been named as registered agent and to accept service of process for the above state 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)

04/25/01

(Date)

DIVISION OF CORPORATIONS, P.O.BOX 6327, TALLAHASSEE, FL 32314

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