

P08000029480

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

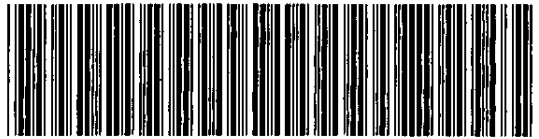
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/03/08--01014--013 **87.50

FILED
2008 MAR 20 PM 12:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3-20-08
W08-11609
A.A.

TRANSMITTAL LETTER

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 MAR 20 PM 12:40

FILED

SUBJECT: 1 Language Inc
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Bobby Kendall
Name (Printed or typed)

P.O. Box 141446
Address

Orlando FL, 32814
City, State & Zip

561-985-7222
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 5, 2008

BOBBY KENDALL
P.O. BOX 141446
ORLANDO, FL 32814

SUBJECT: 1 LANGUAGE INC
Ref. Number: W08000011609

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2008 MAR 20 PM 12:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for 1 LANGUAGE INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list the corporation's principal street address and/or a mailing address in the document. A post office box is not acceptable for the principal address.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6993.

Annie Hall
Regulatory Specialist II
New Filing Section

Letter Number: 508A00013745

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

1 Language Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

P.O. Box 141446 / 1675 Lakemont Ave #202
Orlando Fl, 32814 / Orlando Fl, 32814

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide Interpretation services.

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Bobby Kendall, President
P.O. Box 141446
Orlando Fl, 32814

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:


1675 Lakemont Ave Bobby Kendall
202
Orlando Fl, 32814

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Bobby Kendall
P.O. Box 141446
Orlando Fl, 32814


Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

02/19/08

Date



Signature/Incorporator

2/19/08

Date

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TALLAHASSEE, FLORIDA