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111-16583

COVER LETTER

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

SUBJECT: LS LANGUAGE & SOLUTIONS CORP	
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u>)
Enclosed are an original and one (1) copy of the art	icles of incorporation and a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status
	ADDITIONAL COPY REQUIRED
	RNATIONAL DOCUMENT CENTER e (Printed or typed)
701 SW	27 AVE STE G-4
	Address
MIA	MI FL. 33135
City,	State & Zip
305-	642-9676
Daytime 1	Celephone number
E-mail address: (to be use	n@yahoo.com ad for future annual report notification)

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



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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS **Division of Corporations**

March 23, 2011

TAMIAMI AGENCY INTERNATIONAL DOCUMENT CENTER 701 SW 27 AVE STE G-4 MIAMI, FL 33135

SUBJECT: LS LANGUAGE & SOLUTIONS CORP

Ref. Number: W11000016583

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

The corporation can have only one registered agent. The registered agent must have a Florida street address and must sign accepting designation.

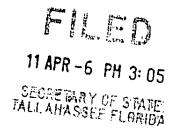
Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap Regulatory Specialist II New Filing Section

Letter Number: 711A00007112

www.sunbiz.org



ARTICLES OF INCORPORATION FOR

LS LANGUAGE & SOLUTIONS CORP

The undersigned incorporator(s) for the purpose of forming a corporation under the Florida Business Corporation Act hereby adopt(s) the following Articles of Incorporation:

ARTICLE I NAME

The name of this corporation is:

LS LANGUAGE & SOLUTIONS CORP.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation is:

1800 N. BAYSHORE DR APT 514 MIAMI, FL. 33132

ARTICLE III SHARES

The number of shares of stock that this Corporation is authorized to have outstanding at any one time is: 100 of Shares.

LUCIANO SPORTIELLO 80% - PRESIDENT CLAUDIA BEATRIZ SEBASTIAN 20% - VICEPRESIDENT

ARTICLE IV. INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address so the initial registered agent is:

LUCIANO SPORTIELLO 1800 N. BAYSHORE DR APT 514 MIAMI, FL. 33132

ARTICLE V INCORPORATOR (S)

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

LUCIANO SPORTIELLO 1800 N. BAYSHORE DR APT 514 MIAMI, FL. 33132

CLAUDIA BEATRIZ SEBASTIANI 1800 N. BAYSHORE DR APT 514 MIAMI, FL. 33132

ARTICLE VI DIRECTOR (s)

The name (s) and street of the director (s) to these Articles of Incorporation is (are):

LUCIANO SPORTIELLO 1800 N. BAYSHORE DR APT 3707 MIAMI, FL. 33132

OBJETIVE:

The entity. LS LANGUAGE & SOLUTIONS CORP

will have as objective to develop the following activities: ANY AND ALL LAWFUL BUSINESS. (Translations Service, Import and Export, Manufactured merchandize, General Administrative or Management Service)

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

23rd Day of February, 2011

Signature \

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/ REGISTRERED OFFICE

Pursuant to the provisions of section 607.0501 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:

LS LANGUAGE & SOLUTIONS CORP.

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

LUCIANO SPORTIELLO
(Name)
1800 N. BAYSHORE DR APT 514
(Address)
MIAMI, FL. 33132
(City/State/ZIP)

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



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 agcept the obligations of my positions as registered agent.

Required Signature/Registered Agent Date
LUCIANO SPORTIELLO

DATE: 0406 11

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. § 17.155, F.S.

Required Signatury Incorporator

DATE: 04 06 11

STATE OF FLORIDA

COUNTY OF MIAMI & DADE

SWORN AND SIGNED BEFORE ME THIS

NOTARY

11 APR -6 PH 3: 05