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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

☐

PICK-UP

☐

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
JUN 20 AM 9:46

PS 6/21/11

## COVER LETTER

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

**SUBJECT:** Committed Interpreting 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
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** Debra Etkie

Name (Printed or typed)

19620 Hampton Drive

Address

Boca Raton, FL 33434

City, State & Zip

561-213-1683

Daytime Telephone number

etkie@juno.com

E-mail address: (to be used for future annual report notification)

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

# 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: Committed Interpreting Inc.

## ARTICLE II PRINCIPAL OFFICE

Principal street address  
19620 Hampton Drive  
Boca Raton, FL 33434

Mailing address, if different is:

Same

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The Corporation shall engage in any activity or business permitted under the laws of the United States and of the State of Florida.

Primarily Sign Language Interpretation & Assistance.

## ARTICLE IV SHARES

The number of shares of stock is: 10,000 shares of common stock, each share having the par value of one cent

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Debra Etkie, P. VP, S. T  
Address: 19620 Hampton Drive  
Boca Raton, FL 33434

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

## ARTICLE VI REGISTERED AGENT

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

Name: Leeman Accounting Services, Inc.  
Address: 2651 Rock Island Road, #109  
Margate, FL 33063

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Leeman Accounting Services, Inc.  
Address: 2651 Rock Island Road, #109  
Margate, FL 33063

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

Shanna Leeman Shanna Leeman  
Required Signature/Registered Agent

6/15/11  
Date

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.817.155, F.S.

Shanna Leeman Shanna Leeman  
Required Signature/Incorporator

6/15/11  
Date

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 JUN 20 AM 9:46