

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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P98000067987

The Language Connection
Inc.

100002606741--2

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Signature _____

Requested by: _____

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

- ☒ Art of Inc. File _____
- _____ LTD Partnership File _____
- _____ Foreign Corp. File _____
- _____ L.C. File _____
- _____ Fictitious Name File _____
- _____ Trade/Service Mark _____
- _____ Merger File _____
- _____ Art. of Amend. File _____
- _____ RA Resignation _____
- _____ Dissolution / Withdrawal _____
- _____ Annual Report / Reinstatement _____
- ☒ Cert. Copy _____
- _____ Photo Copy _____
- _____ Certificate of Good Standing _____
- _____ Certificate of Status _____
- _____ Certificate of Fictitious Name _____
- _____ Corp Record Search _____
- _____ Officer Search _____
- _____ Fictitious Search _____
- _____ Fictitious Owner Search _____
- _____ Vehicle Search _____
- _____ Driving Record _____
- _____ UCC 1 or 3 File _____
- _____ UCC 11 Search _____
- _____ UCC 11 Retrieval _____
- _____ Courier _____

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ARTICLES OF INCORPORATION OF THE LANGUAGE CONNECTION, INC.

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

Article I, Name

The name of the corporation shall be:
The Language Connection, Inc.

Article II, Mailing Address

The mailing address of this corporation shall be:
10946 Emerald Chase Dr., Orlando, FL 32836

Article III, Shares

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
1000 Shares with \$ 1.00 Par Value.

Article IV, Initial Registered Agent and Street Address

The name and address of the initial registered agent is:
Roberta Gomes Jardim
10946 Emerald Chase Dr., Orlando, FL 32836

Article V, Incorporator.

The name and address of the Incorporator to these Articles of Incorporation is:

Roberta Gomes Jardim

Address:
10946 Emerald Chase Dr., Orlando, FL 32836

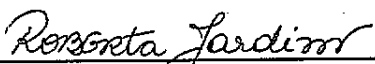
Continuation, Page 2

Article VI, Purpose.

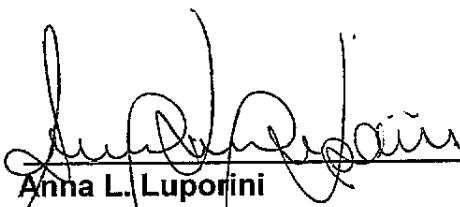
The purpose of this corporation shall be the language and other similar teachings, as well as to commerce, sell, buy, import and export all types of merchandise goods and services, and to be the representative of other companies if so is desired. This Corporation will trade with international and national corporations and individuals alike, always respecting the regulations existing in those areas. These objectives should not affect the capability to do all other businesses under the Laws of the United States of America and the State of Florida.

Article VII, Initial Board of Directors and Officers.

The names and Post Office Addresses of the members of the first board of directors and Officers are:

- 
Roberta Gomes Jardim
Director, President, Treasurer and Secretary

Postal address at:
10946 Emerald Chase Dr., Orlando, FL 32836

- 
Anna L. Luporini
Vice-President

Postal address at:
10946 Emerald Chase Dr., Orlando, FL 32836

Continuation, Page 3

Affidavit

State of Florida, Orange County.

Before me this day personally appeared Roberta Gomes Jardim, who being duly sworn, deposed and said that she is the Incorporator of The Language Connection, Inc. and is hereby duly authorized, responsible and apt to Incorporate according to the Statutes of the State of Florida.

Roberta Jardim
Roberta Gomes Jardim

Sworn to and subscribed before me this July 30, 1998.

Donald A. Sutton
Notary Public



Donald A. Sutton
MY COMMISSION # CC720667 EXPIRES
May 31, 2002
BONDED THRU TROY FAY INSURANCE, INC.

CERTIFICATE OF DESIGNATION

REGISTERED AGENT / REGISTERED 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.

THE LANGUAGE CONNECTION, INC.

1. The name of the corporation is: _____

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

ROBERTA GOMES JARDIM

(Name)

10946 Emerald Chase Drive

(P.O.Box not acceptable)

Orlando, FL 32836

(City/State/Zip)

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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.

Roberta Jardim
(signature)

Donald A. Sutton

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before
me this ____ day of ____, 19__, by _____

Personally Known ____ OR Produced Identification ____
Type of Identification Produced _____



Donald A. Sutton
MY COMMISSION # CC720667 EXPIRES
May 31, 2002
BONDED THRU TROY FAIR INSURANCE, INC.