

TRANSMITTAL LETTER

P99000033279

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

FILED  
99 APR -7 PM 2:52  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

SUBJECT: Mi Lingua, Inc. (translation: My Language, Inc.)  
(Proposed corporate name - must include suffix)

Enclosed is 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

☐ \$78.75  
Filing Fee  
& Certified Copy

☒ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM: Melissa Palmer  
Name (Printed or typed)

2801 Northlake Drive  
Address

Sanford, Florida 32773  
City, State & Zip

(407) 323-5524  
Daytime Telephone number

800002832198--4  
-04/07/99--01075--002  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

SHARON

APR 12 1999

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

# **ARTICLES OF INCORPORATION**

*The undersigned incorporator, 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:

Mi Lingua, Inc.

## **ARTICLE II PRINCIPAL OFFICE**

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

Place of Business: 2801 Northlake Drive Sanford, Florida 32773

Mailing Address: P.O. Box 160343 Altamonte Springs, Florida 32716-0343

## **ARTICLE III SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 shares

## **ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and Florida street address of the initial registered agent are:

Melissa Anne Palmer

2801 Northlake Drive

Sanford, Florida 32716-0343

(Mailing Address: P.O. Box 160343

Altamonte Springs, FL.

32716-0343)

## **ARTICLE V INCORPORATOR**

The name and address of the incorporator to these Articles of Incorporation are:

Melissa Anne Palmer

2801 Northlake Drive Sanford, Florida 32773

(Mailing Address: P.O. Box 160343 Altamonte Springs, Florida 32716-0343)

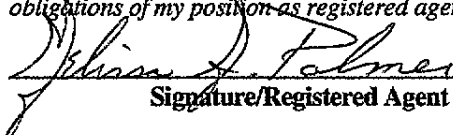
  
\_\_\_\_\_  
Signature/Incorporator

April 5, 1999

\_\_\_\_\_  
Date

(An additional article must be added if an effective date is requested.)

*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*

  
\_\_\_\_\_  
Signature/Registered Agent

April 5, 1999

\_\_\_\_\_  
Date

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