

M2100004315784  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H21000431906 3))



H210004319063ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : REGISTERED AGENTS INC.  
Account Number : I20090000081  
Phone : (307)200-2803  
Fax Number : (855)330-1010

2021 NOV 24 AM 11:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

\*\*Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.

Email Address: \_\_\_\_\_

2021 NOV 23 PM 2:29

TALLAHASSEE, FLORIDA

Foreign Limited Liability Company  
THE SIGN LANGUAGE AGENCY LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. THE SIGN LANGUAGE AGENCY LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 85-1131235  
(FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 7901 4th St N  
(Street Address of Principal Office)

6. 7901 4th St N  
(Mailing Address)

STE 300

STE 300

St. Petersburg FL 33702

St. Petersburg FL 33702

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Northwest Registered Agent LLC

Office Address: 7901 4th St N STE 300

St. Petersburg, Florida 33702  
(City) (Zip code)

2021 NOV 24 AM 11:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

*[Handwritten signature]*

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:                      Name and Address:  
 Manager      Name: SEAN BERDY  
 Member      Address: 1819 SE 17th Street #901  
 Authorized      Fort Lauderdale FL 33316  
Person \_\_\_\_\_  
 Other \_\_\_\_\_                       Other \_\_\_\_\_

Title or Capacity:                      Name and Address:  
 Manager      Name: \_\_\_\_\_  
 Member      Address: \_\_\_\_\_  
 Authorized      \_\_\_\_\_  
Person \_\_\_\_\_  
 Other \_\_\_\_\_                       Other \_\_\_\_\_

Manager      Name: \_\_\_\_\_  
 Member      Address: \_\_\_\_\_  
 Authorized      \_\_\_\_\_  
Person \_\_\_\_\_  
 Other \_\_\_\_\_                       Other \_\_\_\_\_

Manager      Name: \_\_\_\_\_  
 Member      Address: \_\_\_\_\_  
 Authorized      \_\_\_\_\_  
Person \_\_\_\_\_  
 Other \_\_\_\_\_                       Other \_\_\_\_\_

Manager      Name: \_\_\_\_\_  
 Member      Address: \_\_\_\_\_  
 Authorized      \_\_\_\_\_  
Person \_\_\_\_\_  
 Other \_\_\_\_\_                       Other \_\_\_\_\_

Manager      Name: \_\_\_\_\_  
 Member      Address: \_\_\_\_\_  
 Authorized      \_\_\_\_\_  
Person \_\_\_\_\_  
 Other \_\_\_\_\_                       Other \_\_\_\_\_

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

  
\_\_\_\_\_  
Signature of an authorized person

Morgan Noble  
\_\_\_\_\_  
Typed or printed name of signee

# Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "THE SIGN LANGUAGE AGENCY LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF NOVEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THE SIGN LANGUAGE AGENCY LLC" WAS FORMED ON THE TWENTIETH DAY OF MAY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



7979104 8300

SR# 20213881722

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 204775161

Date: 11-23-21