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EXPRESS CORPORATE FILING SERVICE INC. Requestor's Name 1000 PONCE DE LEON BLVD. SUITE:101 Address

CORAL GABLES, FL 33134

(305) 444-4994

City/State/Zip

Phone #

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

ACCURATE SOLE TO BOOK

OFFICE USE ONLY

1. 2.	Romeo & (Corporation Name)	Juliet Designer Baby Store,
Ζ.	(Corporation Name)	(Document #)
3.	(Corporation Name)	(Document #)
4.	(Corporation Name)	(Document #)
	Walk in Pick up ti	me Certified Copy
	Mail out Will wait	Photocopy Certificate of Status
ſ	NEW FILINGS	AMENDMENTS
-	Profit	Amendment
	NonProfit	Resignation of R.A., Officer/ Director

Change of Registered Agent

Dissolution/Withdrawal

OTHER FILINGS
Annual Report
Fictitious Name
Name Reservation

Limited Liability

Domestication

Other

REGISTRATION/ QUALIFICATION			
Foreign			
Limited Partnership			
Reinstatement			
Trademark			
Other			

Merger

	Examiner's	Initials	
1	PARIMINCI S	MUMAIS	

ARTICLE I - Name: The name of the Limited Liability Company is: **ROMEO + JULIET DESIGNER BABY STORE LIABILITY* (Must end with the words "Limited Liability Company," Limited Company" or their shbrevlation "L.C," or "L.C,") ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: **Principal Office Address:** **ABOUT YUEER ST #6 ## HOLLYWOOD FL 33010 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannon serve as its own Registered Agent You must designate an individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are:

NEVINE GROULK

923 HOLLYWOOD BLVD

Florida street address (P.O. Box NOT acceptable)

HOLLYWOOD FL 330/9
City, State, and Zip

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 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 as provided for in Chapter 608, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

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ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:		
"MGR" = Manager "MGPM" = Managing Mamb	200		
"MGRM" = Managing Memb	CI		
MGR	NEVINE GROVEX		
	NEVINE GROVEX 923 HOLLYWOOD BLVS. HOLLYWOOD FL 33019		
MGRM	NAWAL AZIZ YOSTOS		
	HALLANDALE BEACH		
	FL 33109		
~			
(Use attachment if necessary)			
RTICLE V: Effective date, if other	than the date of filing: (OPTIONAL)		
	must be specific and cannot be more than five business days prior		
or 90 days after the date of filing.)			
<u>REQUIRED</u> SIGNATURE:			
	NEVINE GROULX		
Signature of :	Signature of a member or an authorized representative of a member.		
of this docume	(In accordance with section 608.408(3), Florida Statutes, the execution of this document consultates an affirmation under the penalties of perjury		
that the fact	s stated herein are true.)		
/	ryped or publied name of signed		