

# L08000055475

Florida Department of State  
Division of Corporations  
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## To:

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

## From:

Account Name : COMPUTAX USA INC.  
Account Number : I20000000254  
Phone : (727) 546-3335  
Fax Number : (727) 546-3365

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TALLAHASSEE, FLORIDA

## FLORIDA/FOREIGN LIMITED LIABILITY CO.

~~BABY WORLD, LLC~~

CHILD NOR LD, LLC.

Certificate of Status	0
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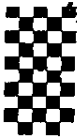
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EXAMINER



May 27, 2008

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

COMPUTAX USA INC.

SUBJECT: BABY WORLD, LLC  
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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt  
Regulatory Specialist IIFAX Aud. #: H08000136761  
Letter Number: 108A00033018

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**ARTICLES OF ORGANIZATION FOR FLORIDA  
LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**CHILD WORLD, LLC.**

**ARTICLE II - Address:**

The mailing address and street address of the principal office  
of the Limited Liability Company is:

**1500 51st Street South  
St Petersburg FL 33715**

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TALLAHASSEE, FLORIDA

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**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

**Renata Garmuviene  
1500 51st Street South  
St Petersburg FL 33715**

*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

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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:**

**Manager**

Renata Garmuviene  
1500 51st Street South  
St Petersburg FL 33715

**Manager**

Gediminas Garmus  
1500 51st Street South  
St Petersburg FL 33715

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**Renata Garmuviene**

Typed or printed name of signee

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