## M03000003872

(Requestor's Name)	
(Address)	1000245624
(Address)	10002 1002 1
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	(), (4/0301 <b>05</b> 9009
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	XE SE

Office Use Only



11

HLM

\*\*155.00

Division of Corporations PO Box 6327 Tallahassee, FL 32314

Please find enclosed the application by a foreign LLC to transact business in Florida, along with the designation of our registered agent and a check for \$155.00 to cover the cost of a Certified Copy and Certificate of Status.

Thank you for you're assistance in this matter.

Sincerely,

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Family Products Holdings, LLC	
(Name of foreign	n limited liability company)
State of Delaware	3. 65-0977391
(Jurisdiction under the law of which foreign limited liability company is organized)	
01-01-2000	5 perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
01-01-2000	
(Date first transacted business in Florida. (Se	ee sections 608.501, 608.502, and 817.155, F.S.)
6020 NW 68th Manor	
Parkland, FL 33067	
(Street addres	ss of principal office)
If limited liability company is a manager-manage	ed company check here
in miniou natinity company is a manager-manage	d company, check here
The name and usual business addresses of the ma	anaging members or managers are as follows:
Scott Barrett	500
6020 NW 68th Manor	ECA.
Parkland, FL 33067	A587 = T
	The state of the s
	<u>つし、</u>
	90 days old, duly authenticated by the official having <del>cristody officcord</del> notocopy is not acceptable. If the certificate is in a foreign language, a be submitted.)
. Nature of business or purposes to be conducted	e de la constanta de la consta
construction	
5. 15	
Signature of a member or an a	authorized representative of a member.
(In accordance with section 608.408(3),	F.S., the execution of this document constitutes
	erjury that the facts stated herein are true.)
	KRET
Typed or printe	ed name of signee

## **CERTIFICATE OF DESIGNATION OF** REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

amily Pro	ducts Holdings, LLC
The name	and the Florida street address of the registered agent and office are:
	Tracey Besner
	(Name)
	500 Jim Moran Boulevard
	Florida street address (P.O. Box NOT ACCEPTABLE)
	Deerfield Beach FL 33442
	(City/State/Zip)

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.

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

Delaware

PAGE 1

## The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FAMILY PRODUCTS HOLDINGS, 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 FOURTEENTH DAY OF OCTOBER, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FAMILY PRODUCTS HOLDINGS, LLC" WAS FORMED ON THE FIRST DAY OF NOVEMBER, A.D. 1999.

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



Warriet Smith Windson, Secretary of State

AUTHENTICATION: 2688956

DATE: 10-14-03

3119250 8300

030660326