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(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Ві	usiness Entity Name	e)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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10/05/06--01051--001 **160.00

SECRETARY OF STATE
SECRETARY OF STATE
OF CORPORATIONS
OF CORPORATIONS

J BOY

OCT - 6 2006

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: BabyDirect LLC		.
(Name o	f Limited Liability Company)	
	ed Liability Company for Authorization to Transac are submitted to register the above referenced fore ida	
Please return all correspondence concerning	this matter to the following:	
Ernesto Saladrigas		_
	(Name of Person)	-
BabyDirect LLC		OF OCT -5
	(Firm/Company)	CJ PAGE
15841 Pines Blvd #3		F CORPORATION
	(Address)	3 2
Pembroke Pines, Fl		# 5 FMS
(C	ity/State and Zip Code)	
For further information concerning this matter	er, please call:	
Ernesto Saladrigas	at (_954) 917-0785	 . ••
(Name of Person)	(Area Code & Daytime Telephone Nur	nber)
MAILING ADDRESS:	STREET ADDRESS:	
Division of Corporations	Division of Corporations	
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a check for the following amount	t:	
□\$125.00 Filing Fee □\$130.00 Filing 1	Fee & 🔲 \$155.00 Filing Fee & 🔟 \$160.00 Filing Fe	e, Certificate & Certified Copy

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. BabyDirect LLC	
(Name of Foreign Limited Liability Company)	-
2. Nevada (Jurisdiction under the law of which foreign limited liability company is organized) 3. 20-5204877 (FEI number, if applicable)	
4. 07/12/2006 (Date of Organization) 5. Perpetual (Duration: Year limited liability company will exist or "perpetual")	cease to
6. No business transacted yet (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7. 15841 Pines Blvd #394	O VIN
Pembroke Pines, FL 33027-1220	S DCT
(Street Address of Principal Office)	-5 GX
8. If limited liability company is a manager-managed company, check here	2 DASP
9. The name and usual business addresses of the managing members or managers are as follows	REORATIONS PH 3: 40
Ernesto Saladrigas; 3105 Carysfort Ln, Margate FL 33063	
Ananda Hardial; 2394 SW 162 Ave, Miramar FL 33027	
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having cus the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign lan translation of the certificate under oath of the translator must be submitted.)	-
11. Nature of business or purposes to be conducted or promoted in Florida:	
Online retail of baby and juvenile or oducts	•
Baladrigas	
Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)	•
Ernesto Saladrigas	_
Typed or printed 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

DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF	
ORIDA.	

1. The name of the Limited Liability Company is:

The name and the Florida street address of the registered agent and office are:	06 08
Ernesto Saladrigas	of oct
(Name)	5 60
3105 Carysfort Ln	PH 3
Florida Street Address (P.O. Box NOT ACCEPTABLE)	3: 40
Maraate FL 33063	
City/State/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, Florida Statutes.

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent

\$ 30.00 **Certified Copy (optional)**

5.00 Certificate of Status (optional) SECRETARY OF STATE



CIVISION OF CORPOR STATIONS
OF DCT -5 PM 3: 40

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **BABYDIRECT LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since July 12, 2006, and is in good standing in this state.

By

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on July 17, 2006.

DEAN HELLER

Secretary of State

Certification Clerk