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| (Requestor's Name)                      |   |
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| PICK-UP WAIT MAIL                       |   |
| •                                       |   |
| (Business Entity Name)                  |   |
|   |   |
| (Document Number)                       |   |
|   |   |
| Certified Copies Certificates of Status |   |
|   |   |
| Special Instructions to Filing Officer: |   |
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SECRETARY OF STATE

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A. LUNT

NOV 18 2008

**EXAMINER** 

#### **COVER LETTER**

**TO:** Registration Section Division of Corporations

| SUBJECT: BLOCS, LLC  |  |                         |            |   |
|--|--|-------------------------|------------|---|
|  | ited Liability Company)  |                         |            |   |
| The enclosed "Application by Foreign Limited Lia Florida," Certificate of Existence, and check are suliability company to transact business in Florida |  |                         |            |   |
| Please return all correspondence concerning this m   | natter to the following:   |                         |            |   |
| CLAUDETTE DELAPE   | NHA  |                         | _          |   |
| (Na  | me of Person)  |                         |            |   |
| BLOCS, LLC   |  | SEC<br>TALL             | 2008 N     |   |
| (Fir   | m/Company)   | RETARY<br>NHASSE        | 7 NON 8002 |   |
| 5214 NW 52ND STREI   | ET   | E C                     | - ₽        | П |
|  | (Address)  | STATE                   | 2: 33      | O |
| COCONUT CREEK, FI  |  |                         | -          |   |
| (City/Sta  | ate and Zip Code)  |                         |            |   |
| For further information concerning this matter, ple  | ase call:  |                         |            |   |
| CLAUDETTE DELAPENHA  | A at ( 954 ) 428-3472  |                         |            |   |
| (Name of Person)   | (Area Code & Daytime Telephor  | ne Numl                 | oer)       |   |
| MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  | STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 |                         |            |   |
| Enclosed is a check for the following amount:  \$\sum{\$125.00 Filing Fee}\$ \$Certificate of  | \$155.00 Filing Fee & \$160.00 Fi Status Certified Copy of   | ling Fee,<br>f Status & |            |   |

#### 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:

| . R            | SLOCS, LLC   |
|----------------|--|
| ۱. <u>ت</u>    | (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")   |
| TU             | MBLE TOTS CHILD CARE   |
| (If nar        | me unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the writter ent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability pany," "L.L.C.," "LLC.")  |
| <sub>2</sub> N | EVADA 3. 26-2892060  |
| (Jui           | risdiction under the law of which foreign limited liability (FEI number, if applicable) npany is organized)  |
| 4. <u>0</u>    | 7-02-08 (Date of Organization)  5. PERPETUAL (Duration: Year limited liability company will pase to exist or "perpetual")  |
| 6              |  |
|                | (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)  |
| 7. <u>4</u>    | 150 HILLSIDE DR., BLDG. B, STE. 200  |
| <u>N</u>       | MESQUITE, NV 89027  (Street Address of Principal Office)   |
| 8. If          | limited liability company is a manager-managed company, check here   |
| 9. TI          | he name and usual business addresses of the managing members or managers are as follows:   |
| C              | CLAUDETTE DELAPENHA  |
| 5              | 5214 NW 52ND STREET  |
| _              | COCONUT CREEK, FL 33073  |
| the juri       | ttached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in risdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a ation of the certificate under oath of the translator must be submitted.) |
| 11. 1          | Nature of business or purposes to be conducted or promoted in Florida: CHILD CARE  |
|                | ·  |

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.)

CLAUDETTE DELAPENHA

### 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.

| 1. The name of the Limited Liability Company is:                               |  |
|--|--|
| BLOCS, LLC   |  |
| If name unavailable, the alternate name to be used in the state of Florida is: |  |
| TUMBLE TOTS CHILD CARE   |  |

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

| CLAUDETTE DELAPENHA                              | 2008<br>SE(       |
|--|-------------------|
| (Name)   |                   |
| 5214 NW 52ND STREET                              | IT<br>ARY<br>ASSE |
| Florida Street Address (P.O. Box NOT ACCEPTABLE) |                   |
| COCONUT CREEK, FL 33073                          | 2: 33             |
| 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.

(Signature)

*U*\$ 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



## CERTIFICATE OF EXISTENCE (INCLUDING AMENDMENTS)

I, ROSS MILLER, 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, **BLOCS**, **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 2, 2008, and is in good standing in this state.

I further certify, that the above limited liability company has Articles of Organization and no amendments on file in this office as of the date of this certificate.

AL OF THE VALUE OF

Electronic Certificate
Certificate Number: C20081014-0864
You may verify this electronic certificate
online at http://www.nvsos.gov/

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on October 14, 2008.

ROSS MILLER Secretary of State