Electronic Filing Cover Sheet

Public Access System

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000263680 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)222-1092

Fax Number

: (850)878-5926

FLORIDA/FOREIGN LIMITED LIABILITY CO.

CHILDRENSWEAR, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

J. BRYAN

DEC - 1 2008

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

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 LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	FOREIGN
1 CHILDRENSWEAR, LLC	
(Name of Foreign Limited Liebility Company, must include "Limited Liebility Company," "L.L.C.," or "L.L.C.")	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liai Company," "L.L.C.," "LLC."	
2. DELAWARE 3. 26-3568139	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	_
4. OCTOBER 9, 2008 5, PERPETUAL	_
(Duration: Year limited liability company will cease to exist or "perpetual")	
6. UPON QUALIFICATION	င်္ခ
(Date first transacted business in Florida, if prior to registration.) (See motions 608.501 & 608.502 F.S. to determine penalty liability)	OP NOW
7, 5200 TOWN CENTER CIRCLE, SUITE 600	
BOCA RATON, FL 33486	To g
(Street Address of Principal Office)	
8. If limited liability company is a manager-managed company, check here	တ္
9. The name and usual business addresses of the managing members or managers are as follows:	32
SUN CHILDRENSWEAR, LLC	_
5200 TOWN CENTER CIRCLE, SUITE 600	_
BOCA RATON, FL 33486	_
O. Attached is an original certificate of existence, no more than 90 days old, doly authenticated by the official having custody of re- inclurisdiction, under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a austration of the certificate under outh of the translator must be submitted.)	condsin
1. Nature of business or purposes to be conducted or promoted in Florida: ANY AND ALL LAWF	UL .
PURPOSES	•
Mus Sadur	•
Signature of a member of 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 perjuty that the facts stated herein are true.)	
MARK HAJDUCH, AUTHORIZED REPRESENTATIVE	
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 TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

name imai	vailable, the alternate name to be used in the state of Florida is	s:
		
The name	and the Florida street address of the registered agent and off	ice are:
	CT CORPORATION SYSTEM	26
	(Name)	T
1200 SOUTH PINE ISLAND ROAD		တ္
	Florida Street Address (F.O. Box NOT ACCEPTABLE)	32
	PLANTATION 51 33324	

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.

Kelly Snedden

Kelly Snedden

Kelly Snedden

Asst. Secretary

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

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CHILDRENSNEAR, 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 TWENTY-FIFTH DAY OF NOVEMBER, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES RAVE NOT BEEN ASSESSED TO DATE.

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6988930

DATE: 11-25-08