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SECRETARY OF STATE
TALLAHASSEE FROBE

COVER LETTER

TO:

Registration Section

N	ame of Limited Liability Company	(2)
	ability Company for Authorization to Transact Business in Riofida above referenced foreign limited liability company to transact bus	
ase return all correspondence concerning this i	matter to the following:	
Benjamin Platt	•	720
	Name of Person	7
Mommy's Club, LLC		_
	Firm/Company	
1200 Plantation Islan	nd Dr Ste 230	_
	Address	,
St. Augustine, FL 320	080	_
	City/State and Zip Code	•
blplatt@kpacpa.co	(to be used for future annual report notification)	_
	•	
r further information concerning this matter, pl	ease call:	
Ben Platt	at (904) 669-8759	
Name of Person	Area Code & Daytime Telephone Number	-
MAILING ADDRESS: Division of Corporations Registration Section	STREET ADDRESS: Division of Corporations Registration Section	
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
sl25.00 Filing Fee \$\int \frac{\$130.00}{\text{Certificate of S}}\$	Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certific	

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Mommy's Club LLC	i.
Name of Limited Liability Company	S. C. Salah
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.	e of Crida.
Please return all correspondence concerning this matter to the following:	ڊ پنج
Benjamin Platt	
Name of Person	
Mommy's Club, LLC	
Firm/Company	
1200 Plantation Island Dr Ste 230	
Address	
St. Augustine, FL 32080	
City/State and Zip Code	
blplatt@kpacpa.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Ben Platt _{at (} 904 ₎ 669-8759	
Name of Person Area Code & Daytime Telephone Number	
MAILING ADDRESS: Division of Corporations Division of Corporations Division of Corporations	
Registration Section P.O. Box 6327 Registration Section Clifton Building	
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a check for the following amount: \$\int_{\text{S125.00 Filing Fee}}^{\text{S130.00 Filing Fee}} \int_{\text{S130.00 Filing Fee}}^{\text{S155.00 Filing Fee}} \int_{\text{S160.00 Filing Fee}}^{\text{S160.00 Filing Fee}} \int_{\text{S160.00 Filing Fee}}^{\text{S160.00 Filing Fee}} \int_{\text{Certificate}}^{\text{S160.00 Filing Fee}}} \int_{\text{Certificate}}^{\text{S160.00 Filing Fee}} \int_{\text{Certificate}}	

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:

	ED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Iommy's Club, LLC				
1. <u></u>	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")				
consci	me unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written not of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability any," "L.L.C," "LLC.")				
2. No	evada 3. 46-1226420				
	risdiction under the law of which foreign limited liability (FEI number, if applicable) apany is organized)				
4. 7	/16/2012 5. Perpetual				
	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")				
6. N					
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)				
7. <u>1</u>	200 Plantation Island Dr Ste 230				
S	t. Augustine, FL 32080 (Street Address of Principal Office)				
	· · · · · · · · · · · · · · · · · · ·				
8. If	limited liability company is a manager-managed company, check here				
9. The name and usual business addresses of the managing members or managers are as follows:					
В	en Platt - 1200 Plantation Island Dr Ste 230, St. Augustine, FL 32080				
<u>C</u>	Greg Ray - 2128 Boll St, Dallas, TX 75204				
thejuri	trached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in isdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a tion of the certificate under eath of the translator must be submitted.)				
11. N	Nature of business or purposes to be conducted or promoted in Florida: Direct selling business				
	Simple				
	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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree follows, as provided for in s.817.155, F.S.)				
	<u>Benjamin L. Platt</u>				
	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.

1. The name of the Limited Liability Company is:	
Mommy's Club, LLC	
If unavailable, the alternate to be used in the state of Florida is:	
2. The name and the Florida street address of the registered agent and	d office are:
Benjamin L Platt	
(Name)	
1200 Plantation Island Dr Ste 230	
Florida Street Address (P.O. Box NOT ACCEPTA	.BL.E)
St. Augustine FL 32080	
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



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, MOMMY'S CLUB 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 18, 2012, 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.

SEAL OF THE SEAL O

Electronic Certificate
Certificate Number: C20121019-1787
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 19, 2012.

ROSS MILLER Secretary of State