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JAMES T. MILLIKEN

PAGE 01

Division of Corporations

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Florida Department of State
Division of Corporations
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Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 922-4003

From: Account Name : MILLIKEN P.C.
Account Number : I19990000078
Phone : (800) 669-9805
Fax Number : (888) 480-9715

LIMITED LIABILITY COMPANY

KIDZLINK, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

November 21, 2000

RESUBMIT

MILLIKEN P.C.

SUBJECT: KIDELINK, LLC
REF. W00000027699

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Effective October 1, 1999, Chapter 608, Florida Statutes, does not require or permit the filing of an "Affidavit of Membership and Capital Contributions." Therefore, the enclosed document has not been filed and is being returned to you.

ALSO, please note that the fee to file an LLC is \$125.00. All electronic filings are done in the order they are received, and we do not do expedited filings for an additional fee.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6958.

Lee Rivers
Document Specialist

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Letter Number: 600A00059802

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ARTICLES OF ORGANIZATION

ARTICLE I

The name of the Limited Liability Company is KIDZLINK, LLC

ARTICLE II

The mailing address and street address of the principal office of the Limited Liability Company is:

11320 SW 131ST ST, MIAMI, FL 33176-

ARTICLE III

The period of duration for the Limited Liability Company shall be January 1, 2015.

ARTICLE IV

The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

✓ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) are:

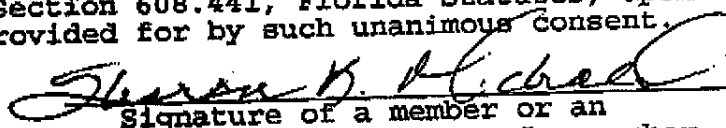
MARIA FLORES, 11320 SW 131ST ST, MIAMI, FL, 33176- FRANCISCO
NEGRON, 11320 SW 131ST ST, MIAMI, FL, 33176- MIGUEL CORTES 11320
SW 131ST ST, MIAMI, FL, 33176-

ARTICLE V

The right, if given of the members to admit additional members and the terms and conditions of the admissions shall be with unanimous consent of the members, as provided in Section 608.4232, Florida Statutes, upon the terms and conditions provided for by such unanimous consent.

ARTICLE VI

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be with unanimous consent of the members, as provided in Section 608.441, Florida Statutes, upon the terms and conditions provided for by such unanimous consent.


Signature of a member or an
authorized representative of a member

Prepared By: Milliken P.C., 4643 E. Thomas, #9, Phx, AZ 85018

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JAMES T. MILLIKEN

PAGE 04

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Dr. Miguel Cortes

PAGE 02

07/01/1994 03:57 6028409159

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H00000061161 6

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: KIDZLINK, LLC

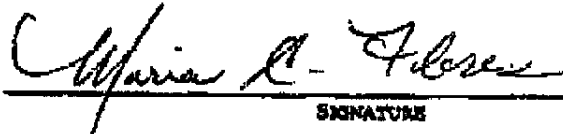
2. The name and the Florida street address of the registered agent are:

Maria Flores
NAME

11320 SW 131st St.
Florida street address (P. O. Box NOT ACCEPTABLE)

Miami FL 33176
CITY, STATE AND 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.


SIGNATURE

Filing Fee: \$ 35 for Designation of Registered Agent

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