L04000049685

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CREATIVE BEGINNINGS FAMILY CHILD CARE, LLC
(Name of Limited Liability Company)

The enclosed *Articles of Organization* and *fee(s)* are submitted for filing.

Please return all correspondence concerning this matter to the following:

JEFFREY L. KAPLAN
(Name of Person)

SCOTT D. CLARK, P.A.
(Firm/Company)

655 W. MORSE BLVD., SUITE 212
(Address)

WINTER PARK, FLORIDA 32789
(City/State and Zip Code)

For further information concerning this matter, please call:

JEFFREY L. KAPLAN at (407) 647-7600
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

CREATIVE BEGINNINGS FAMILY CHILD CARE, LLC

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	**Mailing Address:**
232 EASTON CIRCLE	232 EASTON CIRCLE
OVIEDO, FLORIDA 32765	OVIEDO, FLORIDA 32765

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:

JEFFREY L. KAPLAN
Name

655 W. MORSE BLVD., SUITE 212
Florida street address (P.O. Box **NOT** acceptable)

WINTER PARK FLORIDA 32789
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 as provided for in Chapter 608, Florida Statutes..

Registered Agent's Signature

FILED

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:	**Name and Address:**
"MGR" = Manager "MGRM" = Managing Member	
MGRM	NICHOLE E. RUBEL 232 EASTON CIRCLE OVIEDO, FLORIDA 32765
MGRM	JESSICA L. ALLEN 232 EASTON CIRCLE OVIEDO, FLORIDA 32765

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Nichole E. Rubel

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

NICHOLE E. RUBEL
Typed or printed name of signee

Filing Fees:
$100.00 Filing Fee for Articles of Organization
$ 25.00 Designation of Registered Agent
$ 30.00 Certified Copy (Optional)
$ 5.00 Certificate of Status (Optional)