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(Business Entity Name)

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8/16/04

F. Parker Lawrence, Esq.

F. PARKER LAWRENCE, P.A.
ATTORNEY AT LAW
3720 NORTHWEST 43rd STREET - Suite 101
GAINESVILLE, FLORIDA 32606

TELEPHONE (352) 373-4160
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August 13, 2004

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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DIVISION OF CORPORATIONS
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Subject: Organization of Lil Dove Christian Child Care, LLC

Enclosed are an original and one copy of the Articles of Organization for a Florida Limited Liability Company.

Please time/date stamp and return the copy. Enclosed is this firm's check no. 3268
for services as marked:

() \$100.00

Filing Fee

(X) \$125.00

Filing Fee &
Designation of
Registered Agent

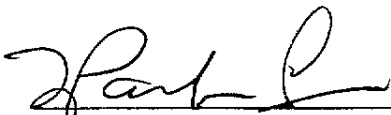
() \$185.00

Filing Fee,
Designation of
Registered Agent &
Certificate of Status

() \$215.00

Filing Fee,
Designation of
Registered Agent,
Certificate of Status
& Certified Copy
(Additional copy is
enclosed)

FROM:



F. Parker Lawrence
F. PARKER LAWRENCE, P.A.
3720 N.W. 43rd Street, Suite 101
Gainesville, FL 32606
(352) 373-4160

FPL/ek

Enclosures: Check
Articles
Copy

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I

Name

The name of the Limited Liability Company is: *Lil Dove Christian 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:
4232 N.W. 6th Street, Suite B
Gainesville, Florida 32603.

Mailing Address:
2356 NW 54th Blvd
Gainesville, FL 32606

ARTICLE III

Registered Agent, Registered Office, & Registered Agent's Signature

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

Name

Barbara Thompkins

Florida street address (P.O. Box NOT acceptable)

2356 NW 53rd Blvd

Gainesville, FL 32653

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.


Barbara Thompkins

ARTICLE IV

Manager(s) or Managing Member(s)

The name and address of each Manager or Managing Member is as follows:

Title:

MGR

Name and Address:

Barbara Thompkins

"MGR" = Manager

"MGRM" = Managing Member

(Use attachment if necessary)

EFFECTIVE DATE

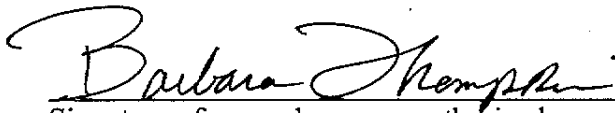
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ARTICLE V
Effective Date

The date this entity may commence business is August 16, 2004.

REQUIRED SIGNATURE:



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.)

Barbara Thompson

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)

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