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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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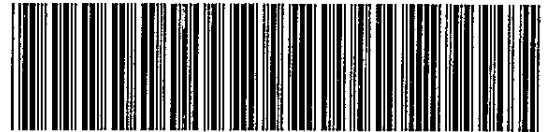
(Business Entity Name)

(Document Number)

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OFFICE OF COLLECTOR

FAX AUDIT # _____

**ARTICLES OF ORGANIZATION
OF
Innovative Beginnings, LLC**

ARTICLE I NAME

The name of the limited liability company shall be: **Innovative Beginnings, LLC**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 3721 Abington Way South, St Petersburg, Florida 33711.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Tanjala Toles, 4410 First Avenue South, St Petersburg, Florida 33711. Located in the County of Pinellas.

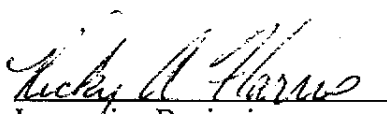
ARTICLE IV DURATION

The duration for the limited liability company shall be: 12/31/2044.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the names and addresses of the members of the Limited Liability Company are:

Ricky Harris, 4310 Cortez Way So, St Petersburg, Florida 33712


Innovative Beginnings

Prepared by Innovative Beginnings, 3721 Abington Way South, St Petersburg, Florida 33711

FAX AUDIT # _____

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CLERK OF COURT
COUNTY OF PINELLAS
ST. PETERSBURG, FLORIDA

FAX AUDIT # _____

CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES,
THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE
STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN
DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE
STATE OF FLORIDA.

The name of the limited liability company is: **Innovative Beginnings, LLC** 22

The name and address of the registered agent and office is Tanjala Toles, 4410 First
Avenue South , St Petersburg, Florida 33711. Located in the County of Pinellas.

Having been named as registered agent and to accept service of process for the above
stated 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: _____

Tanjala Toles
Tanjala Toles

Date: _____

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DIVISION OF CORPORATE AFFAIRS

FAX AUDIT # _____