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To:  
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Fax Number : (850)205-0383

From:  
Account Name : AKERMAN, SENTERFITT OF JACKSONVILLE  
Account Number : 105543000740  
Phone : (904)798-3700  
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LIMITED LIABILITY COMPANY

LOFTON DAY CARE, LLC

Certificate of Status	0
Certified Copy	0
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05 APR -8 PM 10:00  
TALLAHASSEE FLORIDA

T. Brumbley APR 11 2005

**ARTICLES OF ORGANIZATION**

**OF**

**LOFTON DAY CARE, LLC**

Pursuant to the Florida Limited Liability Company Act, Chap. 608, Florida Statutes (2004), as amended from time to time (the "Act"), the following are adopted as the Articles of Organization of the limited liability company organized hereby:

**ARTICLE I  
NAME**

The name of the limited liability company (the "Company") shall be LOFTON DAY CARE, LLC.

**ARTICLE II  
DURATION**

Unless earlier terminated pursuant to the Act or the Operating Agreement (as defined in §608.402(24) of the Act) of the Company, the period of its duration shall be perpetual.

**ARTICLE III  
ADDRESS**

The mailing address and the street address of the principal office of the Company shall be 3125 Atlantic Avenue, Fernandina Beach, Florida 32034.

**ARTICLE IV  
REGISTERED AGENT**

The initial registered office of the Company shall be 9428 Baymeadows Road, Suite 120, Jacksonville, Florida 32256, and its initial registered agent at such office shall be Christopher McCranie.

**ARTICLE V  
ADDITIONAL MEMBERS**

Additional members (as the term "member" is defined in § 608.402 (21) of the Act) may be admitted at such times and on such terms and conditions as provided in the Operating Agreement.

**ARTICLE V  
MANAGEMENT OF THE COMPANY**

The Company will be a manager-managed company in accordance with and subject to the requirements of the Act and the Operating Agreement of the Company.

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FROM-AKERMAN SENTERFITT

904-8341690

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IN WITNESS WHEREOF, the undersigned, being the a member of the Company, has executed these Articles of Organization on behalf of the Company in accordance with § 608.407 (3) of the Act.

Dated this 8<sup>th</sup> day of April, 2005.

  
\_\_\_\_\_  
Harry R. Trevett, Member

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05 APR -8 7:10:00  
TALLAHASSEE, FLORIDA

**CERTIFICATE DESIGNATING REGISTERED OFFICE AND REGISTERED AGENT FOR THE SERVICE OF PROCESS WITHIN FLORIDA**

In compliance with Chapter 608, Florida Statutes (2004), as amended from time to time (the "Act"), the following is submitted:

LOFTON DAY CARE, LLC, desiring to organize or qualify under the laws of the State of Florida as a limited liability company pursuant to the Act, hereby designates Christopher McCranle as its registered agent to accept service of process within the State of Florida and the address of its registered office shall be 9428 Baymeadows Road, Suite 120, Jacksonville, Florida 32256.

DATED this 8<sup>th</sup> day of April, 2005.

  
Harry R. Trevett, Member

Having been named as registered agent to accept service of process for the above stated limited liability company, at the place designated in this certificate, I hereby agree to 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.

DATED this 8<sup>th</sup> day of April, 2005.

  
Christopher McCranle, Registered Agent

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