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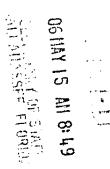
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## **COVER LETTER**

Registration Section
Division of Corporations

TO:

SUBJECT: Right Direction Child Care Center II (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:
Mozella Garwans, Jr ABEBA WALDEHAWARIYAT, (Name of Person)
Right Direction Child Care Center II
1818 S. Monroe street
Tallahassee Fl 32361 200 To E
For further information concerning this matter, please call:
General Bryant Uc. at (880) 321 -4152 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
S125.00 Filing Fee S130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)  \$125.00 Filing Fee & S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARTICLE II - Address: The mailing address and street address	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1818 S. Monroe St Tallahassee Fl.	P. U. Box 52 Tallahause FC 32382
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.)	32 J
(The Limited Liability Company cannot serve as its	s of the registered agent are:
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.)  The name and the Florida street addres  ABEBA  675	s of the registered agent are:

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, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGR	LAIDEHAWARIYAT, ABEBA
	675 U. Pensacola St. Tallahassee FL 32344
	(±11a via) &   C 3C344
mer	mozella Gaidous, Tr.
	Tallahavice FC 32302
MGR	General Brant Dr.
Trick	1. 0. Box 52
	Tallahassee FC 323#2
	_
(Use attachment if necessary)	
•	he date of filing: (OPTIONAL)
TICLE V: Effective date, if other than the an effective date is listed, the date must	he date of filing: (OPTIONAL) be specific and cannot be more than five business days prior
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TICLE V: Effective date, if other than the an effective date is listed, the date must or 90 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a mem  (In accordance with sof this document con	be specific and cannot be more than five business days prior  ber or an authorized representative of a member.  section 608.408(3), Florida Statutes, the execution astitutes an affirmation under the penalties of perjury
RTICLE V: Effective date, if other than the an effective date is listed, the date must or 90 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a mem  (In accordance with a of this document contact that the facts stated	be specific and cannot be more than five business days prior  ber or an authorized representative of a member.  section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury d herein are true.)
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of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)