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Florida Department of State
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FLORIDA/FOREIGN LIMITED LIABILITY CO.**Children's Network of Southwest Florida, LLC**

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DIVISION OF CORPORATIONS

**ARTICLES OF ORGANIZATION
CHILDREN'S NETWORK OF SOUTHWEST FLORIDA, LLC**

ARTICLE I - Name:

The name of the Limited Liability Company is: **Children's Network Of Southwest Florida, LLC.**

ARTICLE II - Address:

The street and mailing address of the principal office of the Limited Liability Company is 2232 Altamont Avenue, Ft. Myers, Florida, 33901.

ARTICLE III - Registered Agent and Registered Office:

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

CT Corporation System
1200 South Pine Island Road
Plantation, FL 33324

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledged them to be my act this 26 day of May, 2006.



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.)

Paul R. Lynch

Typed or printed name of signer

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: **Children's Network Of Southwest Florida, LLC.**
2. The name and the Florida street address of the registered agent are:

**CT Corporation System
1200 South Pine Island Road
Plantation, FL 33324**

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.

Barbara A Burke

Signature

BARBARA A. BURKE

SECRETARY OF STATE

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