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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

RECEIVED
06 SEP 21 PM 3:24
DIVISION OF CORPORATION

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2006 SEP 21 AM 9:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

A CHILD IS BORN EDUCATION & DOULA SERVICES, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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③

ARTICLES OF ORGANIZATION
FOR
A CHILD IS BORN EDUCATIONAL & DOULA SERVICES, LLC

ARTICLE I - NAME

The name of the Limited Liability Company is
A CHILD IS BORN EDUCATIONAL & DOULA SERVICES, LLC

ARTICLE II - ADDRESS

The mailing address and street address of the Limited Liability Company is
A CHILD IS BORN EDUCATIONAL & DOULA SERVICES, LLC
C/O SHERMAN
10159 AQUA VISTA WAY
BOCA RATON, FL 33428

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature:

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

MYNDHA SHERMAN

Name

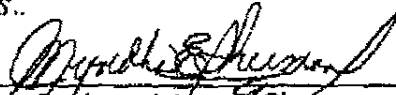
10159 AQUA VISTA WAY

Florida street address

BOCA RATON, FL 33428

City, State and Zip

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 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

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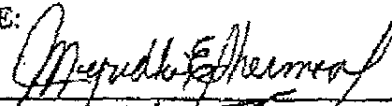
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ARTICLE IV - Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
"MGR" = Manager	
"MGRM" = Managing Member	
<u>MGRM</u>	<u>MYNDHA SHERMAN</u>
	<u>10159 AQUA VISTA WAY</u>
	<u>BOCA RATON, FL 33428</u>

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of the 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.)

MYNDHA E. SHERMAN
Typed or printed name of signer

Prepared by:
Edward Brooks
Certified Public Accountant
10211 West Sample Road, Suite 113
Coral Springs, FL 33065

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TALLAHASSEE, FLORIDA

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