

L06000120262

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H06000297251 3)))



H060002972513ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : THE FLORIDA COMPANY
Account Number : T20060000001
Phone : (608) 827-5300
Fax Number : (608) 824-0405

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2006 DEC 18 A 10:02

FILED

RECEIVED

06 DEC 18 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Child Care Credit, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

AL

Electronic Filing Menu

Corporate Filing Menu

Help

FAX AUDIT # H06000297251 3

**ARTICLES OF ORGANIZATION
OF
Child Care Credit, LLC**

ARTICLE I NAME

The name of the limited liability company shall be: **Child Care Credit, LLC**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 5711 Richard St Ste 4, Jacksonville, Florida 32216.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Business Filings Incorporated, 1203 Governors Square Blvd, Suite 101, Tallahassee, Florida 32301-2960. Located in the County of Leon.

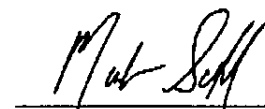
ARTICLE IV DURATION

The duration for the limited liability company shall be: 12/31/2046.

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:

Daniel Underwood, 5711 Richard St Ste 4, Jacksonville, Florida 32216
Parker Hudson, 5711 Richard St Ste 4, Jacksonville, Florida 32216



The Florida Incorporating Company, Organizer
Mark Schiff, AVP

Authorized Representative

Prepared by Mark Schiff, The Florida Incorporating Company, 8025 Excelsior Dr., Suite 200, Madison, WI 53717
(608) 827-5300

FAX AUDIT # H06000297251 3

FILED
2006 DEC 18 A 10:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FAX AUDIT # H06000297251 3**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: **Child Care Credit, LLC**

The name and address of the registered agent and office is Business Filings Incorporated,
1203 Governors Square Blvd, Suite 101, Tallahassee, Florida 32301-2960. Located in
the County of Leon.

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: _____

Mark Schiff, AYP

Date: December 18, 2006

2006 DEC 18 A 10:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED**FAX AUDIT # H06000297251 3**