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(City/State/Zip/Phone #)

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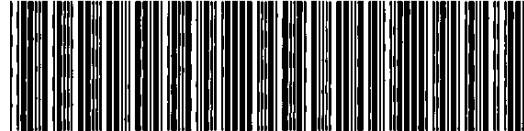
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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Garden of Learning Preschool, LLC

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- _____ Art of Inc. File _____
- _____ LTD Partnership File _____
- _____ Foreign Corp. File _____
- ✓ _____ L.C. File _____
- _____ Fictitious Name File _____
- _____ Trade/Service Mark _____
- _____ Merger File _____
- _____ Art. of Amend. File _____
- _____ RA Resignation _____
- _____ Dissolution / Withdrawal _____
- _____ Annual Report / Reinstatement _____
- ✓ _____ Cert. Copy _____
- _____ Photo Copy _____
- _____ Certificate of Good Standing _____
- _____ Certificate of Status _____
- _____ Certificate of Fictitious Name _____
- _____ Corp Record Search _____
- _____ Officer Search _____
- _____ Fictitious Search _____
- _____ Fictitious Owner Search _____
- _____ Vehicle Search _____
- _____ Driving Record _____
- _____ UCC 1 or 3 File _____
- _____ UCC 11 Search _____
- _____ UCC 11 Retrieval _____
- _____ Courier _____

EFFECTIVE DATE

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

SP 1/12/07 12:30

**ARTICLES OF ORGANIZATION
OF
GARDEN OF LEARNING PRESCHOOL, LLC**

A Florida Limited Liability Company

The undersigned, acting as Incorporator of a limited liability company under the Florida Limited Liability Company Act, adopts the following Articles of Organization for such limited liability company:

ARTICLE I - Name

The name of the limited liability company is: Garden of Learning Preschool, LLC.

ARTICLE II - Address

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal office address: 5915 NW 32nd Street
Gainesville, FL 32653

Mailing address: 5915 NW 32nd Street
Gainesville, FL 32653

ARTICLE III

Registered Agent, Registered Office, & Registered Agent's Signature

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

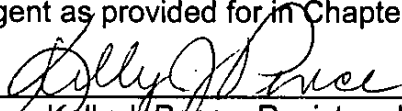
Kelly J. Pence
5915 NW 32nd Street
Gainesville, FL 32653

Having been named as registered agent and to accept service of process for the

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TALLAHASSEE, FLORIDA

EFFECTIVE DATE
1/11/07

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 as provided for in Chapter 608, F.S..



Kelly J. Pence, Registered Agent

ARTICLE IV - Manager(s) or Managing Member(s)

The company shall be managed by it's members. The name and address of each Managing Member is as follows:

Title:

Name and Address:

Managing Member

Kelly J. Pence
5915 NW 32nd Street
Gainesville, FL 32653

Managing Member

Ellen Campbell
6505 44th Ave E
Bradenton, FL 34203

ARTICLE V - Effective Date

Effective date for the company shall be January 11, 2007.

ARTICLE VI - Purpose

The purpose is to engage in any activities or business permitted under the laws of the United States and Florida.

ARTICLE VIII - Amendment of Articles

This company reserves the right to amend or repeal any provisions contained in

these Articles of Organization, or any amendment hereto, and any right conferred upon the members is subject to this reservation.

IN WITNESS WHEREOF, the undersigned member has executed these Articles of Organization this 11th day of January, 2007.


KELLY J. PENCE, Member

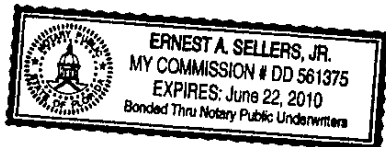
STATE OF FLORIDA
COUNTY OF ALACHUA

Sworn to and Subscribed before me this 11 day of January, 2007, by KELLY J. PENCE, who

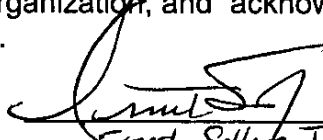
- ☒ is personally known to me or
☐ has produced as identification _____

(Insert Type of Identification)

and who executed the foregoing Articles of Organization, and acknowledged to and before me that she executed such instrument.



(NOTARIAL SEAL)


Ernest Sellers Jr.
(Type or Print Notary's Name)
Notary Public
My Commission Expires: _____