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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 : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

PRESCHOOL ENTERPRISES, L.L.C.

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ARTICLES OF ORGANIZATION
FOR
PRESCHOOL ENTERPRISES, L.L.C.

ARTICLE I

NAME: The name of the Limited Liability Company is:

PRESCHOOL ENTERPRISES, L.L.C.

ARTICLE II

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

261 S. Central Avenue
Oviedo, Florida 32765

ARTICLE III

REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S

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

KAREN NELSON
261 S. Central Avenue
Oviedo, Florida 32765

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 as provided for in Chapter 608, Florida Statutes.



Registered Agent's Signature

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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:

KAREN NELSON, Mgrm.
261 S. Central Avenue
Oviedo, Florida 32765


KAREN NELSON, MGRM.

(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.)

KAREN NELSON, MGRM.
Printed name of Signee

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