# 1-07000021780

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
		·

Office Use Only



700089133897

02/26/07--01038--021 \*\*155.00

DIVISION OF CORPORATIONS

3. BRYAN FEB 2 7 2007.

Law Offices of

C. J. Keel, Jr., P.A.

4045 Henderson Boulevard Tampa, Florida 33629 (813) 282-3858 FAX (813) 289-5272

> C.J. Keel, Jr. Jeff Keel Attorneys at Law

February 23, 2007

Florida Department of State Division of Corporation P.O. Box 6327 Tallahassee, FL 32301

Re: Articles of Organization for Florida Limited Liability Co.

Mrs. T. In-House Daycare, LLC

Dear Gentlemen:

Please find original and true copy of Articles of Organization for Florida Limited Liability Company, to wit: MRS. T. IN-HOUSE DAYCARE, LLC

I have enclosed my check in the sum of \$155.00 for the following:

1.	Filing Fee	\$100.00
2.	Designation of Reg. Agent	25.00
3.	Certified Copy of Articles	30.00
	TOTAL	\$155.00

Please send the certified copy to my attention.

Very truly yours,

C.J. Keel, Jr.

CJK/ame Encl/s

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is

### MRS. T's IN-HOUSE DAYCARE, LLC



**ARTICLE II - Address:** 

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

#### 5606 Town-N-Country Boulevard Tampa, Florida 33615

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

The name of the Florida street address of the registered agent is:

SHEILA TRINCHET

Name

5606 Town-N-Country Boulevard

Florida Street address (P.O. Box NOT acceptable)

Tampa, Florida 33615

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 the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relation to the proper and complete performance of my duties, and I am familiar with the accept the obligations of my position as registered agent as provided for in chapter 608, FS.

Registered Agent's Signature
SHEILA TRINCHET

#### ARTICLE IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

Signature of a member or an authorized representative of a member

**SHEILA TRINCHET** 

(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.)

<u>SHEILA TRINCHET</u>

Typed or printed name of signee