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SECRETARY OF STATE

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COVER LETTER

	Registration Section Division of Corporations	
SUBJE	CT: Little Treasurer Learning Center, LLC (Name of Limited Liability Company)	
The end	osed Articles of Organization and fee(s) are submitted for filing.	
Please re	eturn all correspondence concerning this matter to the following:	
_	Totorya V. Mc Coy (Name of Person)	-
_	Little Treasures Learning Center, LL	<u>C</u>
	3 Pine Course Rux (Address)	-
_	Ocala, Fl., 34472 (City/State and Zip Code)	-
For furth	ter information concerning this matter, please call:	
10	Forya 1 MC Coy at (352) 687 - 1484 (Area Code & Daytime Telephone Number)	
Enclose	d is a check for the following amount:	
□ -5 125.0	00 Filing Fee \$\int \frac{1}{2}\$130.00 Filing Fee \& Certificate of Status \$\int \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$ Certified Copy \\ \text{(additional copy is enclosed)}\$\$ Certified Copy \\ \text{(additional copy is enclosed)}\$\$	
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP. O. Box, 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
(Must end with the words "Limited Liability Company, "Limited	
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3 Pine Course Rus Ocala, Fl. 34472	3 Pine Course Run Ocola, Fl. 34472
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registations business entity with an active Florida registration.)	
The name and the Florida street address of the re	egistered agent are:
Tofonya V	MCCOY AR 55 FL ANALY FL ANALY
3 Pine Cou	ress (P.O. Box NOT acceptable)
Ocala Street addi	FL 344 72- 5m -
•	accept service of process for the above stated limited

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, F.S..

(CONTINUED) Page 1 of 2

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MCR_	Totorya V. MCCoy 3 Pixe course Rus Ocala, Fl. 34472
MGRM	Ronald P. McCoy 3 Pine Course Run Ocala, Fl. 34472
(Use attachment if necessary) ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must to or 90 days after the date of filing.)	he date of filing: (OPTIONAL) t be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	SE SE
(In accordance with of this document country that the facts stated	section 608.408(3), Florida Statutes, the execution asstitutes an affirmation under the penalties of perjury d herein are true.) A CO J A TO

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional),