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

From:
Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : 120010000247
Phone : (800)494-3124
Fax Number : (305)675-2811

LS

FLORIDA/FOREIGN LIMITED LIABILITY CO.

TMK Day Care, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608, F.S.

ARTICLE I: NAME

The name of the Limited Liability Company is:

TMK DAY CARE, LLC

ARTICLE II: Address

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

13478 OLD ENGLISHTOWN RD

WELLINGTON FLORIDA 33414

ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

Yvonne M Henry

13478 Old Englishtown Rd

Wellington , FL 33414

Having been named as registered agent 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.



Yvonne M Henry / Registered Agent's Signature

ARTICLE IV: MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

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TMK DAY CARE, LLC

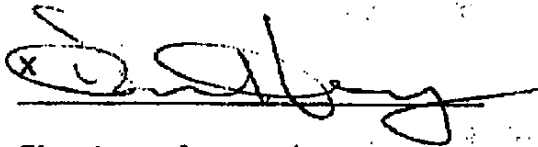
ARTICLE V: MEMBERS (optional)

Managing Member:

Yvonne M Henry

13478 Old Englishtown Rd

Wellington , FL 33414



Signature of a member or an authorized representative of a member

(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.)

Yvonne M Henry

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