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To:  
Division of Corporations  
Fax Number : (850) 617-6383

From:  
Account Name : CSH SERVICES, LLC  
Account Number : I20070000160  
Phone : (800) 494-3124  
Fax Number : (561) 455-9885

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**Wiggle Worms Learning Center L.L.C.**

Certificate of Status	0
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EXAMINER

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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:

Wiggle Worms Learning Center L.L.C.

**ARTICLE II ADDRESS**

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

7279 Pinehurst Drive

Spring Hill, Florida 34606

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

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

Colleen Cook

7279 Pinehurst Drive

Spring Hill, Florida 34606

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..

x Colleen M Cook  
COLLEEN COOK / 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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PAGE 2 WIGGLE WORMS LEARNING CENTER L.L.C.

ARTICLE V MEMBERS (optional)

MANAGING MEMBER:

Colleen Cook

3199 Azalea Drive  
Spring Hill, Florida 34607

\*\*\*\*\*

x Colleen Cook

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.

Colleen Cook

Typed or printed name of signee

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