

L0800002373/

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000058680 3)))



H080000586803ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305) 444-4994
Fax Number : (305) 444-4977

FLORIDA/FOREIGN LIMITED LIABILITY CO.

LISY HOME DAY CARE, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

RECEIVED
08 MAR -6 PM 12:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
08 MAR -6 AM 8:35
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Electronic Filing Menu

Corporate Filing Menu

Help

T. HAMPTON

MAR - 7 2008

<https://efile.sunbiz.org/scripts/efilcovr.exe>

3/6/2008

EXAMINER

Mar 05 2008 23:08

30544444977

(((H08000058680)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Lily Home Day Care, LLC

ARTICLE II - Address:

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

Principal Office Address:

7999 SW 58th Street
Miami, FL 33143

Mailing Address:

7999 SW 58th Street
Miami, FL 33143

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

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

Lisset Altuve

Name

7999 SW 58th Street

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

Miami, FL 33143

FL

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 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.

Lisset Altuve
Registered Agent's Signature

(CONTINUED)

Page 1 of 2

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 MAR -6 AM 8:35

((F108000058680)))

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

Title:
"MGR" = Manager
"MGRM" = Managing Member

Name and Address

MGRM

Lisset Altuve
7989 SW 58th Street
Miami, FL 33149

MGR

Tania Altuve
10385 SW 88 Street #D-1
Miami, FL 33176

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Lisset Altuve
Signature of a member or an authorized representative of a member.

(In accordance with section 008.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Lisset Altuve
Typed or printed name of signer

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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 MAR -6 AM 8:35