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SECRETARY OF STATE

D. BRUCE

APR 1 0 2008

**EXAMINER** 

## **COVER LETTER**

TO:	Registration Section Division of Corporations			
SUBJE	CT: Learning to Grow."LLC." (Name of Limited Liability Company)			
The enc	losed Articles of Organization and fee(s) are submitted for filing.			
Please re	eturn all correspondence concerning this matter to the following:			
-	Gloria E. Vargas (Name of Person)			
_	Learning to Grow. "LLC."	<del></del>		
_	10768 NW 56 St.	1438 14338	08 AF	<b>C</b>
-	Doral, Fl. 33178 (City/State and Zip Code)	HASSE	08 APR 10	Con
For furt	her information concerning this matter, please call:	OF STATE	PM 1:22	
61	Oria E. Vargas at (786) 444-7999 (Area Code & Daytime Telephone Number)			
Enclose	ed is a check for the following amount:			
\$125.0	O Filing Fee \$\bigcup \\$130.00 Filing Fee & \bigcup \\$155.00 Filing Fee & \bigcup \\$160.00 Filin	of Stat	& zu	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, 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  ARTICLE II - Address: The mailing address and street address of the prin	
Principal Office Address:	Mailing Address:
10268 NW 56 ST Doral, FL.33178	10268 NN 56 5t. Doral, FL. 33178.
7-1	ristered agent are:  10 Y 9 0 5  ss (P.O. Box NOT acceptable)  PART OF STATE  13 3 1 7 8

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

<u>Title:</u> "MGR" = Mana "MGRM" = Ma	iger naging Member	Name and Address:
"HGR"	<del></del>	Gloria E. Vargas 10268 H. W. 56 St. Doral, Fl. 33178
	<del></del>	
(Use attachment		he date of filing: (OPTION
LE V: Effective	e date, if other than this isted, the date must	he date of filing: (OPTION be specific and cannot be more than five business d
LE V: Effective ffective date is li days after the d	e date, if other than the date must late of filing.)	he date of filing: (OPTION be specific and cannot be more than five business d
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