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M. Thomas APP 2 1 2008

COVER LETTER

TO: Registration Division of C	Section . 1 Corporations			
SUBJECT: Toy N	Mamas, LLC			
	(Name of Limit	ed Liability Compa	iny)	
The enclosed Articles	of Organization and fee(s) are	submitted for filing	ţ.	
Please return all corre	spondence concerning this mat	ter to the following	:	
Michelle	O. Rogers			
		(Name of Person)		
Toy Man	nas, LLC			
		(Firm/Company)		<u> </u>
10007 Br	adwell Place			
		(Address)		PR F
Tampa, F	FL 33626			最后
	(Cit	y/State and Zip Code)	黑
For further information	n concerning this matter, please	e call:		F. STATE
Michelle O. R	ogers	_ _{at} _813	340-5949	~
(Nan	ne of Person)	(Area Code	e & Daytime Telephone	Number)
Enclosed is a check	for the following amount:			
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155,00 Filing Certified Copy (additional copy	oy Cert v is enclosed) Cert	0.00 Filing Fee, tificate of Status & tified Copy itional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrati Division o Clifton B 2661 Exe	ourier Address on Section of Corporations uilding cutive Center Circle ee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Lia	bility Company is:
Toy Mamas, LLC	(DBA as Learning Express of Sarasota)
(Must end with t	he words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and stre	et address of the principal office of the Limited Liability Company is:

ARTICLE I - Name:

Principal Office Address:	Mailing Address:	
10007 Bradwell Place	10007 Bradwell Place	40
Tampa, FL 33626	Tampa, FL 33626	西男
	egistered Office, & Registered Agent's Sign own Registered Agent. You must designate an individual or	
The name and the Florida street address	s of the registered agent are:	Sw
Michelle O. Ro	ogers	

Michelle O. Rogers
Name
10007 Bradwell Place
Florida street address (P.O. Box NOT acceptable)
Tampa, FL 33626 _{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..

Registered Agent's Signature (REQUIRED)

(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:

Title: "MGR" = Manager "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member MGRM	Michelle O. Rogers	
	10007 Bradwell Place	-
	Tampa, FL 33626	- -
MGRM	Erika R. Stigleman	
	14060 Egret Lane	-
	Clearwater, FL 33762	- -
MGRM	Bradford L. Stigleman	
	14060 Egret Lane	-
	Clearwater, FL 33762	_
	E S	08 APR
		R
		
(Use attachment if necessary)	ָרָתָּי מַּיּמָי	高星
LE V: Effective date, if other than the	· · · · · · · · · · · · · · · · · · ·	SAL)
	be specific and cannot be more than five busines	days pri
days after the date of filing.)		

REQUIRED SIGNATURE:

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.)

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)