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

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

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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**FLORIDA/FOREIGN LIMITED LIABILITY CO.  
S & S HOPE LEARNING CONCEPTS, LLC**

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MAR - 1 2010

EXAMINER



February 26, 2010

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

CSH SERVICES, LLC

SUBJECT: S & S HOPE LEARNING CONCEPTS, LLC  
REF: W10000009843

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on February 25, 2010. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers  
Regulatory Specialist II

FAX Aud. #: H10000043549  
Letter Number: 110A00004812

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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:

S &amp; S HOPE LEARNING CONCEPTS, LLC

**ARTICLE II      ADDRESS**

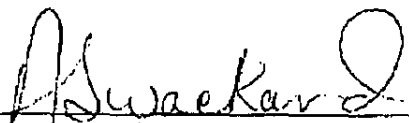
The mailing address and street address of the principal office of the Limited Liability Company is:

914 JOSEPHINE STREET  
BROOKSVILLE, FLORIDA 34601**ARTICLE III      REGISTERED AGENT, REGISTERED OFFICE &  
REGISTERED AGENT SIGNATURE**

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

ARLEATHA SWACKARD  
914 JOSEPHINE STREET  
BROOKSVILLE, FLORIDA 34601

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 

ARLEATHA SWACKARD / Registered Agent's signature

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**ARTICLE IV MANAGEMENT**

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

**ARTICLE V MEMBERS (optional)**

MANAGING MEMBER  
ARLEATHA SWACKARD  
914 JOSEPHINE STREET  
BROOKSVILLE, FLORIDA 34601

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.....

X Arleatha Swackard  
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.

ARLEATHA SWACKARD

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