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D. BRUCE

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EXAMINER

COVER LETTER

	ation Section n of Corporations					
SUBJECT: F	avorite Five Children,	LLC				
SORPECT:		ed Liability Comp	pany			
The enclosed Art	icles of Organization and fee(s) are	submitted for filin	ng.			
Please return all	correspondence concerning this mat	ter to the followin	g:			
Robe	rt D. Mendelson					
		Name of Person				
			- -			
		Firm/Company				
1319	Thomaswood Drive,				_	
		Address		_		
Tallaha	assee, Florida 32308		····	SEC ALL	=	
		ty/State and Zip Coo	le	AHA 1361	AN	E
robert@	©robertmendelsonlaw.co E-mail address: (to be used		port notification)	(S)		15.00
For further inform	nation concerning this matter, pleas		,	EE, FI	PH re	
Robert D. M	lendelson	at (850	224.2000	ORIE ORIE	36	
	Name of Person		le & Daytime Telephon	e Number		
Enclosed is a cl	neck for the following amount:					
∏ \$125.00 Filing F	ee \$130.00 Filing Fee & Certificate of Status	\$155.00 File Certified Contact (additional contact)	opy Copy Copy is enclosed) Co	60.00 Filing Fee, extificate of Status extified Copy Iditional copy is enclose		
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registra Division Clifton 2661 E:	Courier Address tion Section to of Corporations Building cecutive Center Circle ssec, FL 32301	;		

ARTICLES OF ORGANIZATION OF FAVORITE FIVE CHILDREN, LLC

The undersigned, pursuant to the provisions of Chapter 608, Florida Statutes, provides the following information for the purpose of forming a Limited Liability Company under the laws of the State of Florida.

ARTICLE I. Name

The name of the Limited Liability Company is Favorite Five Children, LLC.

ARTICLE II. Address

The mailing address and the street address of the principal office of the limited liability company are:

1319 Thomaswood Drive, Suite B Tallahassee, Florida 32308

ARTICLE III. Registered Agent and Registered Office

The name and Florida street address of the initial registered agent in Florida for the Edmited Liability Company are:

Robert D. Mendelson 1319 Thomaswood Drive, Suite B Tallahassee, Florida 32308

Having been named as registered agent and as the person 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, Florida Statutes.

Robert D. Mendelson, Registered Agent

ARTICLE IV. Management

The name and address of the initial Manager is:

Robert D. Mendelson 1319 Thomaswood Drive, Suite B Tallahassee, Florida 32308

ARTICLE V. Effective Date

The Effective Date is the date of filing.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization this 5^{th} day of January, 2011.

IN ACCORDANCE WITH SECTION 608.408(3), FLORIDA STATUTES, THE EXECUTION OF THIS DOCUMENT CONSTITUTES AN AFFIRMATION UNDER PENALTIES OF PERJURY THAT THE FACTS STATED HEREIN ARE TRUE.

Robert D. Mendelson

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TALL AHASSEF, FLORID.

TILED

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Robert D. Mendelson 1319 Thomaswood Drive, Suite B Tallahassee, Florida 32308

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Robert D. Mendelson

SECRETARY OF STATE