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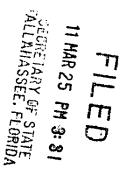
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D. BRUCE

MAR 28 2011

EXAMINER

COVER LETTER

Division of Corporations
SUBJECT: The Playgroup //c
Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Joyce Sweeney
Name of Person
Joyce Sweeney Name of Person The Playgrup
Firm/Company
1651 Riveraged Lane
Address
Coral Springs , FL 3307/
Coral Springs, FL 3307/ City/State and Zip Code grackle e bell south, het
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
For further information concerning this matter, please call: Joyce Sheeney at (954) 592-022 (574) was a Code & Daytime Telephone Number Area Code & Daytime Telephone Number
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \ \text{S155.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} Certified Copy (addit
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	:
The Playgroup, LL	୯.
(Must end with the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the p	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Joyce Sweeney 1651 Riverwood Lane CORAL SPRINGS FL J3011	
The Limited Liability Company cannot serve as its own Regis business entity with an active Florida registration.) The name and the Florida street address of the Toyce Twee	registered agent are:
1651 Riverw	dress (P.O. Box NOT acceptable)
Florida street ad	dress (P.O. Box NOT acceptable) FL 3307/ ate, and Zip
City, St	atc, and Zip
liability company at the place designated in a registered agent and agree to act in this capacit statutes relating to the proper and complete pe accept the obligations of my position as regi	accept service of process for the above stated limited this certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S
Gyafwe	
Registered Agent's Signat	

(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 "MGRM" = Managing Men	Name and Address:
M & R	JOYCE SLEENCY 1651 RIVERWOOD LAWE CORAL SPRINES FL 33071
MER	18the Kessler 6294 VIA Palladium BOCA Rafon, FL 33437
MGRM	sumner P. Wolsky 1220 Coconnuy Rd. Boin Palon, FL 33432
(Use attachment if necessar	
CLE V: Effective date, if other Effective date is listed, the da D days after the date of filing	tr than the date of filing: (OPTIONAl te must be specific and cannot be more than five business days (.)
CLE V: Effective date, if other offective date is listed, the date of filing days after the date of filing REQUIRED SIGNATURE	er than the date of filing: (OPTIONAL te must be specific and cannot be more than five business days the control of t
CLE V: Effective date, if other effective date is listed, the date days after the date of filing EFOUIRED SIGNATURE Signature of the constitutes an affirm I am aware that any constitutes a third desired in the constitutes and the constitutes are the constitutes at the days of the constitutes at th	te must be specific and cannot be more than five business days E: Of a member or an authorized representative of a member. section 608.408(3), Florida Statutes, the execution of this document nation under the penalties of perjury that the facts stated herein are true.
CLE V: Effective date, if other effective date is listed, the date days after the date of filing EFFOURED SIGNATURE Signature of the constitutes an affirm I am aware that any constitutes a third desired in the constitutes and the constitutes are the constitutes at the constitute	er than the date of filing: (OPTIONAL te must be specific and cannot be more than five business days (a.) E: Of a member or an authorized representative of a member. section 608.408(3), Florida Statutes, the execution of this document nation under the penalties of perjury that the facts stated herein are true. false information submitted in a document to the Department of State.