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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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W13-12180



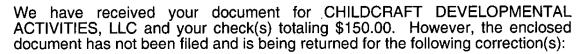
FLORIDA DEPARTMENT OF STATE **Division of Corporations**

February 28, 2013

BEVERLY OTTER CHILDCRAFT DEVELOPMENTAL ACTIVITIES, LLC 11060 104TH AVENUE NORTH LARGO, FL 33778-4155

SUBJECT: CHILDCRAFT DEVELOPMENTAL ACTIVITIES, LLC

Ref. Number: W13000012180



The converting Florida entity must be active on our records.

Sections 607.1113, 608.4403, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by a member or an authorized representative of a member. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

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) 245-6051.

Joey Bryan Regulatory Specialist II

Letter Number: 913A00004841

www.sunbiz.org

(850) 245-6051.

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT: Childcraft Developmental Activities, LLC

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:

Beverly Otter

Name of Person

Childcraft Developmental Activities, LLC

Firm/Company

11060 104th Avenue North

Addres

Largo, FL 33778

City/State and Zip Code

childcraftdba@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Beverly Otter

_{**}727 \ 397-71`

Name of Person

Area Code & 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 Fee & Certified Copy (additional copy is enclosed)

□ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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 COM ASHAN 18 M. 9:38 **ARTICLE I - Name:** The name of the Limited Liability Company is: Childcraft Developmental Activities, "LLC" (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.") ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: 11060 104th Ave N, Largo, FL 33778 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: **Beverly Otter** Name 11060 104th Ave N Florida street address (P.O. Box NOT acceptable) argo _{FL} 33778-4155 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..

(CONTINUED)

Page 1 of 2

"MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Beverly Otter
*	11060 104th Ave N
	Largo, FL 33778-4155
(Use attachment if necessary)	1 1 CONTION
LE V: Effective date, if other than t	he date of filing: (OPTION ast be specific and cannot be more than five busines)
LE V: Effective date, if other than to fective date is listed, the date more or 90 days after the date of filing. REQUIRED SIGNATURE:	ist be specific and cannot be more than five busine
LE V: Effective date, if other than a ffective date is listed, the date more 90 days after the date of filing. REQUIRED SIGNATURE: Signature of a mem (In accordance with section of constitutes an affirmation unit am aware that any false info	ist be specific and cannot be more than five busines)
LE V: Effective date, if other than a ffective date is listed, the date mor 90 days after the date of filing. REQUIRED SIGNATURE: Signature of a memory of a memory of the date of filing.	ber or an authorized representative of a member. 308.408(3), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. Formation submitted in a document to the Department of State only as provided for in s.817.155, F.S.)
LE V: Effective date, if other than a ffective date is listed, the date mor 90 days after the date of filing. REQUIRED SIGNATURE: Signature of a memory of a memory of the date of filing.	ber or an authorized representative of a member. 108.408(3), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. 109.408(3) of perjury that the facts stated herein are true. 109.408(3) of perjury that the facts stated herein are true.