L140000/1381

(Requestor's Name)
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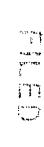


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ACCOUNT NO. : 12000000195	
REFERENCE: 968013 7936988	
AUTHORIZATION:	
COST LIMIT : \$ 125.00	
ORDER DATE: January 20, 2014	
ORDER TIME : 9:21 AM	
ORDER NO. : 968013-005	
CUSTOMER NO: 7936988	
DOMESTIC FILING	
NAME: FRESH START CHILDCARE, LLC	
EFFECTIVE DATE:	111
ARTICLES OF INCORPORATION	
CERTIFICATE OF LIMITED PARTNERSHIP	
XX ARTICLES OF ORGANIZATION	N
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	
CERTIFIED COPY	
XX PLAIN STAMPED COPY	्रां ज
CERTIFICATE OF GOOD STANDING	,. O,
CONTACT PERSON: Susie Knight - EXT. 52956	
EXAMINER'S INITIALS:	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Na The name of the I	me: .imited Liability Company is:	×	
Fresh Start Chil		imited Liability Company, "L.L.C.," or "LL.	(` ")
		minted Diabitity Company, 13.15.C., Or 13.15	C.)
ARTICLE II - A The mailing addre		ipal office of the Limited Liability Company	y is:
Principal Office	Address:	Mailing Address:	
11812 Gilmerto	n Drive	11812 Gilmerton Drive	
Riverview, Florid	da 33579	Riverview, Florida 33579	
(The Limited Liab		ffice, & Registered Agent's Signature: s own Registered Agent. You must designate stration.)	
The name and the	Florida street address of the regi	stered agent are:	2
	Sheron Alexis-John		,23, <u></u>
		Name	7 2000
	11812 Gilmerton Drive		5
	Florida street address (P.C). Box NOT acceptable)	\
	Riverview	FL 33579	्रिया है
	City	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 605, F.S..

Registered Agent's Signature (REQUIRED)

Sheron Alexis-John

(CONTINUED)

Page 1 of 2

118 Riv MGR Dev	eron Alexis-John 312 Gilmerton Drive erview, Florida 33579
MGR She 118 Riv	312 Gilmerton Drive
118 Riv MGR Dev	
MGR Dev	erview, Florida 33579
4.4.5	von John
	312 Gilmerton Drive
Riv	erview, Florida 33579
	
(Use attachment if necessary)	
RTICLE V: Effective date, if other than the date of filing:	(OPTIONAL)
f an effective date is listed, the date must be specific and can be date of filing.)	and be more than five business days prior to or 90 days after
RTICLE VI: Other provisions, if any.	
RTICLE VI: Other provisions, if any.	
RTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	2
	<u> </u>
REQUIRED SIGNATURE:	r an authorized representative of a member
REQUIRED SIGNATURE: Signature of a monther o	r an authorized representative of a member. b), Florida Statutes, the execution of this document
Signature of a momber o (In accordance with section 605.0203 (1) (constitutes an affirmation under the penalt	r an authorized representative of a member. b), Florida Statutes, the execution of this document ties of perjury that the facts stated herein are true. mitted in a document to the Department of State

Page 2 of 2

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)

Typed or printed name of signce