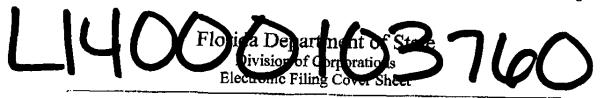
Page 1 of 1



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(((H140001553773)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : M. BURR KEIM COMPANY

Account Number: Il9990000242 Phone

: (215)563-8113

Fax Number

: (215)977-9386

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

Email /	Address:			
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FLORIDA LIMITED LIABILITY CO. Nona Childcare, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

JUN 30 2014 J. HARRIS

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Help

ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Nona Childcare, 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 pri	incipal office of the Limited Lizbility Company is:
Principal Office Address:	Mailing Address:
2430 Estancia Boulevard, Suite 112 Clearwater, FL 33761	2430 Estancia Boulevard, Suite 112 Clearwater, FL 33761
The name and the Florida street address of the re Richard G. Kerper	egistered agent are:
2430 Estancia Boulev Florida street address (F	ard, Suite 112 P.O. Box <u>NOT</u> acceptable)
Clearwater	FL 33761
City	Zip
the place designated in this certificate, I hereby a capacity. I further agree to comply with the provision of my duties, and I am familiar with and accept the	pt service of process for the above stated limited liability company at except the appointment as registered agent and agree to act in this lone of all statutes relating to the proper and complete performance as political as registered agent as pravided for in Elipter 605, F.S.

(CONTINUED)

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M BURR KEIM CO (((H140001553773)))

Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
AMBR	Florida ZD, LLC	
	2430 Estancia Boulevard, Suite 112	
	Clearwater, FL 33761	_
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EV: Effective date, if other than the date		r 90 da
EV: Effective date, if other than the date fective date is listed, the date must be spe of filing.)		r 90 da
E. V: Effective date, if other than the date fective date is listed, the date must be spe of filing.) E. VI: Other provisions, if any. REQUIRED SIGNATURE.	eific and cannot be more than five business days prior to o	r 90 da - -
E V: Effective date, if other than the date fective date is listed, the date must be spend filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE Signature of a member of a memb	xific and cannot be more than five business days prior to o	r 90 da
E V: Effective date, if other than the date fective date is listed, the date must be spend filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE Signature of a member of a memb	r or pu authorized representative of a member. Old () (b), Florida Statutes, the execution of this document operations of periors that the facts stated herein are true.	r 90 da
E V: Effective date, if other than the date fective date is listed, the date must be spend filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE Signature of a member of a memb	r or an authorized representative of a member. (3.4) (b), Florida Statutes, the execution of this document openations of perjury that the facts stated herein are true. on submitted in a document to the Department of State	- -
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EV: Effective date, if other than the date fective date is listed, the date must be specifiling.) EVI: Other provisions, if any. Signature of a member of a memb	r or an authorized representative of a member. (3.4) (b), Florida Statutes, the execution of this document openations of perjury that the facts stated herein are true. on submitted in a document to the Department of State	14 JUN 27 APT.

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