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(Cit	ty/State/Zip/Phone	e #)
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SEP 11 2014

T. BROWN

## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: AWESOME CHILDREN, LLC Name of Lir	nited Liability Company
The enclosed Articles of Organization and fee(s) as	re submitted for filing.
Please return all correspondence concerning this m	natter to the following:
Carlota A. Fernandez	
	Name of Person
Aweşome Children, LLC	
7WOOOTHO OTHINATOR, 220	Firm/Company
7300 SW 84th Place	
7509 544 044111 1806	Address
Minni Florido 20440	
Miami, Florida 33143	City/State and Zip Code
catern@bellsouth.net	d for future annual report notification)
For further information concerning this matter, ple	-
To Tarder information concerning this matter, pre-	use cail.
Carlota Fernandez at (at (at (	305 992-0756 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	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed)  S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	Street/Courier Address
Registration Section	Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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:	ability Company, "L.L.C.," or "LLC.")  the of the Limited Liability Company is:
Awesome Children, LLC (Must end with the words "Limited Li	ability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office	ee of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
7300 SW 84th Place, Miami, FL 33143	7300 SW 84th Place, Miami, FL 33143
(The Limited Liability Company cannot serve as its own Re another business entity with an active Florida registration.)  The name and the Florida street address of the registered ag  Carlota A. Fernandez  Name	
7000 000 000 70	
7300 SW 84th Place Florida street address (P.O. Box N	OT acceptable)
<u>Miami</u>	FL 33143
City	Zip
the place designated in this certificate, I hereby accept the capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obligation.	ce of process for the above stated limited liability company at the appointment as registered agent and agree to act in this all statutes relating to the proper and complete performance ations of my position as registered agent as provided for in 605, F.S

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Carlota A. Fernandez
	7300 SW 84th Place
	Miami, FL 33143
E V: Effective date, if other than the da	ate of filing: (OPTIONAL)
(Use attachment if necessary)  EV: Effective date, if other than the datective date is listed, the date must be sof filing.)  EVI: Other provisions, if any.	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or
EV: Effective date, if other than the datective date is listed, the date must be sof filing.)	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or
E V: Effective date, if other than the date ctive date is listed, the date must be sof filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:	specific and cannot be more than five business days prior to or
E V: Effective date, if other than the date ctive date is listed, the date must be sof filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:	specific and cannot be more than five business days prior to or
EV: Effective date, if other than the date ective date is listed, the date must be sof filing.)  EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a region (In accordance with section constitutes an affirmation under I am aware that any false information of the constitutes are section.	nember or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document ider the penalties of perjury that the facts stated herein are true. 605.0203 (1) (a) (b), Florida Statutes, the Department of State only as provided for in s.817.155, F.S.)
EV: Effective date, if other than the date ective date is listed, the date must be sof filing.)  EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a region (In accordance with section constitutes an affirmation under I am aware that any false information of the constitutes are section.	member or an authorized representative of a member. 605.0203 (1) (b), 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 ony as provided for in s.817.155, F.S.)

ARTICLE IV-

Page 2 of 2

\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)