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 TALLAHASSEE FLORIDA

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

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
BABY'S TICOS DAY CARE, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

15 APR 30 11:10:00
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

MAY 01 2015
 D. BRUCE

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I

The name of the Limited Liability Company and Effective day is:

BABY'S TICOS DAY CARE, LLC

*(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation
"LLC," or "L.C.,")*

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MIAMI, FL 33131

ARTICLE II

*The mailing address and street address of the principal office of the Limited Liability
Company is:*

Principal Office Address
825 BRICKELL BAY DRIVE UNIT 246
MIAMI, FL 33131

Mailing Address
825 BRICKELL BAY DRIVE UNIT 246
MIAMI, FL 33131

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:

ECCO PLANET CORP

Name

825 BRICKELL BAY DRIVE UNIT 246

Florida Street address (P.O. Box NOT acceptable)

MIAMI, FL 33131

FL 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 605, F.S.

X

Registered Agent's Signature (REQUIRED)

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TALLAHASSEE FLORIDA

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P. 004

ARTICLE IV

*MGR=Manager(s) or AMBR= AUTHORIZED Member(s): The name and address of each
Person authorized to manage and control the Limited Liability Company:*

Title:

MARISTELA FURTADO FLALHO BASTOS (AUTHORIZED MEMBER) 51%
825 BRICKELL BAY DRIVE UNIT 246
MIAMI, FL 33131

NATALIA TORREZAN GIEMBINSKY (MANAGER) 24.50%
825 BRICKELL BAY DRIVE UNIT 246
MIAMI, FL 33131

DANIELA TORREZAN GIEMBINSKY (MANAGER)
825 BRICKELL BAY DRIVE UNIT 246
MIAMI, FL 33131

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ARTICLE V

*Effective date, if other than the date of filing (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five
business days prior to or 90 days after the date of filing.)*

REQUIRED: SIGNATURE

X MA Bastos
Signature of a member or an authorized representative of a member.

*(In accordance with section 605.0203(1) (b), Florida Statutes, the execution of this document
constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)*

MARISTELA FURTADO FLALHO BASTOS
Typed or printed name of signer

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TALLAHASSEE FLORIDA