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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : CLARA GIRALDO, P.A.

Account Number : I19990000017

Phone

: (305)485-9300

Fax Number

: (305)485-1098

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. EARLY WONDERS, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

CLARA GIRALDO P.A. 4080 SW 84 AVE SUITE C MIAMI, FL 33155 (305) 485-9300

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(H15000J776373)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF

EARLY WONDERS, LLC

ARTICLE I - NAME

The name of the Limited Liability Company is:

EARLY WONDERS, LLC

ARTICLE II - ADDRESS

The principal office of the Limited Liability Company is:

1020 SW 5 AV MIAMI FL, 33130

The mailing address shall be:

1020 SW 5 AV MIAMI FL, 33130

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE;

The name and the Florida street address of the registered agent are:

NICOLL MUÑOZ

1020 SW 5 AV
Florida street address (P.O.BOX NOT acceptable)
MIAMI FL, 33130
City, State, and Zip

CLARA GIRALDO P.A. 4080 SW 84 AVE SUITE C MIAMI, FL 33155 (305) 485-9300 15 MDY 20 AH II: 44

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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

ARTICLE IV- MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

NICOLL MUÑOZ 1020 SW 5 AV MIAMI FL, 33130

MANAGER

(An additional article must be added if an effective date is requested)

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.)

NICOLL MUÑOZ

Typed or printed name of signee