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COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
SUBJECT: The Parenting Team, LLC Name of Limited Dability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Michele H. Martin Name of Person
The Parenting Team, LLC
5379 Lyons Rd # 118
City/State and Zip Code info@theparentingteum.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michele H. Martiat (954) 979-0712 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$\sum_{\text{S125.00 Filing Fee}} \sum_{\text{Certificate of Status}} \sum_{\text{Certified Copy}} \sum_{\text{Certified Copy}} \sum_{\text{Certified Copy}} \sum_{\text{Certified Copy}} \sum_{\text{Certified Copy}} \text{(additional copy is enclosed)}
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARTICLE II - Address: The mailing address and street address of the principal office of the l	Limited Liability Company is:
Principal Office Address:	Mailing Address:
GOLONUT TYEEK, FL 33073	5379 Lyons Rd #118 Colonat Cheek, FL 35073
ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	
Michele H	. Martin
Name 5379 Lyons Florida street address (P.O. Box	Rd #118
	F1. 33073
City State	Zip
Having been named as registered agent and to accept service of proces	s 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..

(CONTINUED)

Page 1 of 2

Registered Agent's Signature (REQUIRED)

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We attachment if necessary) W: Effective date, if other than the date of filing: (OPTIONAL) This date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.) he date inserted in this block does not meet the applicable statutory filing requirements, this date will not ent's effective date on the Department of State's records.	"AMBR" = Authorized Member	Name and Address:
With the letter date, if other than the date of filing: We Effective date, if other than the date of filing: OPTIONAL) This date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.) The date inserted in this block does not meet the applicable statutory filing requirements, this date will not ent's effective date on the Department of State's records.	MGR" = Manager	Melissa Harrison
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Use attachment if necessary) V: Effective date, if other than the date of filing:	AMBR	mil le 11 Martin
Use attachment if necessary) V: Effective date, if other than the date of filing:	MOR	5319 Lyons Rd #118
V: Effective date, if other than the date of filing:		COCONUT CYPICK, FL 33073
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Melissa Harrison	V: Effective date, if other than the date of factive date is listed, the date must be specififiling.) the date inserted in this block does not meet ent's effective date on the Department of St. VI: Other provisions, if any. REQUIRED SIGNATURE:	ic and cannot be more than five business days prior to or 90 the applicable statutory filing requirements, this date will not state's records.
Malian I)	CV: Effective date, if other than the date of fertive date is listed, the date must be specifically filing.) The date inserted in this block does not meet the date inserted in this block does not meet the date inserted in the Department of Start CVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a memboral triangle of the document is executed in the date of th	er or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes. Cormation submitted in a document to the Department of State

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

ARTICLE IV-