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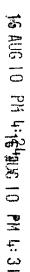
(Requestor's Name)	_
(Address)	_
(Address)	_
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	_
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	

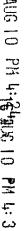
Office Use Only



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COVER LETTER

	egistration Section vision of Corporations
SUBJECT	Kids 4 Success, LLC Name of Limited Liability Company
The enclose	ed Articles of Organization and fee(s) are submitted for filing.
Please retur	rn all correspondence concerning this matter to the following:
	Joseph Giglietti Name of Person
	Firm/Company
	2160 Judge Fran Jamieson Way #220 Address
-	Viera FL 32940 City/State and Zip Code Toseph Agron 1216 ama. 1. Com E-mail address: (to be used for future amual report notification)
For further in	nformation concerning this matter, please call:
	Name of Person Area Code Daytime Telephone Number
Enclosed is	s a check for the following amount:
\$125.00 Fi	Status Fee Status Statu

Mailing Address

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

Street Address
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	16 #UG 10 PM 4: 31
The name of the Limited Liability Company is:	
Kids 4 Success LLC	SECULARIO DE SINTE
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	<u>—</u>
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:	
Principal Office Address: 335 3rd Ane N Apt 7/7 St Petersburg FC 3370/ St Patrobay FC 3370/	<u>p N Apt 717</u>
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 individ another business entity with an active Florida registration.)	ual or
The name and the Florida street address of the registered agent are:	
235. 3 = Ane N Apt 717	
Florida street address, (P.O. Box NOT acceptable) State State State Florida street address, (P.O. Box NOT acceptable) State State	
Having been named as registered agent and to accept service of process for the above stated limited liability of place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in the further agree to comply with the provisions of all statutes relating to the proper and complete performance of am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605 Registered Agent's Signature (REQUIRED)	is capacity. I my duties, and I
(CONTINUED)	·

Page 1 of 2



Title: "AMBR" = Authori	zed Member	Name and Address:	SECREMENT OF STATE	
"MGR" = Manager	ed Wellber	= 6 U.H.	CALLERO COLOR COLO	4T *
MOR		2160 Ti) das	Fran Smileson	#2
		Viera, FL 3	32940	•
MGZ		Matt Made	i X	
		St Petersoun	e N Apt ///	
		· · · · · · · · · · · · · · · · · · ·		
				
				
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