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October 12, 2016

TISHEBA JONES 937 LA MARCHE DR JACKSONVILLE, FL 32205

SUBJECT: TENDER LOVE AND CARE DAYCARE LLC

Ref. Number: W16000069891

We have received your document for TENDER LOVE AND CARE DAYCARE LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 316A00021957

Matthew T Moon Regulatory Specialist II

16 HOV 10 PH 6: 1

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Tendel Love and Carl Daycarl LLC Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Person
Tendle Loui and Care Day Care UC Firm/Company
937 JA MARCHE Dr Address
City/State and Zip Code
For further information concerning this matter, please call:
TISHEBA JONES at (904) U55-4930 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}
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

The hame of the Limited Liability Company is:	
Tender love and Care	boucard UC
(Must end with the words "Limited Liability (Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the	e Limited Liability Company is:
Principal Office Address:	Mailing Address:
937 la marche br	2306 firestone rd
Jacksonville +1 32205	- Jackson ville fl 3001

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:

ARTICLE I - Name:

Cherita	a mo	ontaom	ieru
Ŋ	lame	J)
A030 (Florida street address (I	ad W	ina 8t	
Florida street address (1	P,O. Box N	OT acceptable)
Jacksonville	17_		32206
City	State		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 mp position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

1:9 Hd 01 NUM

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:			
"MGR" = Manager	Tishera Jones 2306 Firestony rd Jacksonvilly (1 32210			
mar	Churita montalumery 2030 Red wind st Jacksonville fi J 32204	<u> </u>		
AMER	AKHA Jones 4932 ricker rd Jacksonully fl 32210			
(Use attachment if necessary)				
the date of filing.)	fic and cannot be more than five business days prior the applicable statutory filing requirements, this date State's records.			
REQUIRED SIGNATURE:	A agu			
This document is executed I am aware that any false i	ber or an authorized representative of a member. It in accordance with section 605.0203 (1) (b), Florida S information submitted in a document to the Department of elony as provided for in s.817.155, F.S.	latutes. of State		
Jaci	Typed or printed name of signee Filing Fees:	AON 91		
\$125.00 Filing Fee for Articles of Orga \$ 30.00 Certified Copy (Optional)	nization and Designation of Registered Agent	10	经常	
\$ 5.00 Certificate of Status (Optional))	PH		

The name and address of each person authorized to manage and control the Limited Liability Company:

ARTICLE IV-