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| PICK-UP | ☐ WAIT | MAiL |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | - |
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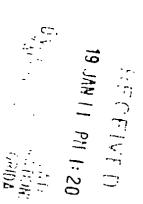
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COVER LETTER

| SUBJECT: Clements of Learning Child Development lenting. 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 Name of Person Substitute of the following: |
|--|
| 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 |
| Name of Person E. C. |
| |
| |
| 1622 Akricke Dr. Apt. 112 Tall. F1.32308 |
| Tallahasse Florida 32308 |
| Tallahassee Florida 32308 City/State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Mina Holloman at (850) 363-5297 |
| Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| S125.00 Filing Fee S130.00 Filing Fee S155.00 Filing Fee S160.00 Filing Fee, Certificate of Status (additional copy is enclosed) S160.00 Filing Fee, Certificate of Status S155.00 Filing Fee S160.00 Filing Fee, Certificate of Status S160.00 Filing Fee, Certificate of S160.00 Filing Fee, Certificate O160.00 Filing Fee, Certific |
| Mailing Address New Filing Section Street Address New Filing Section |
| New Filing Section New Filing Section Division of Corporations Division of Corporations |
| P.O. Box 6327 Clifton Building Tullahassee, Fl. 32314 2661 Executive Center Circle |

Tallahassee, F1, 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: | |
|---|------------------------------|
| Clements of Learning Child Development Center LLC (Must contain 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 Limited Liability Company is: | |
| Principal Office Address: Mailing Address: | |
| 1622 Akridge Dr. APT. HT 1622 Akridge Or. Apt 111 Tallahassie Florida 20307 Tallahassie Florick 32307 | |
| 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: Name | 2019 JAN 1 1 1 1 1 1 1 1 2 0 |
| Having been named as registered agent and to accept service of process for the above stated limited liability company a place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, 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 (REQUIRED) | |

(CONTINUED)

| Title; "AMBR" = Authorized Member | Name and Address: |
|---|---|
| "MGR" = Manager AMBR———— | Nina Holloman 1622 Akuds Dr Apt HI Tall F1.32308 |
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| (Use attachment if necessary) | |
| | |
| LE V: Effective date, if other than the date ffective date is listed, the date must be spenfilling.) If the date inserted in this block does not | e of filing: |
| T.E.V: Effective date, if other than the dataffective date is listed, the date must be spend filling.) If the date inserted in this block does not nument's effective date on the Department. | pecific and cannot be more than five business days prior to or 90 d meet the applicable statutory filing requirements, this date will not b |
| LE V: Effective date, if other than the data fective date is listed, the date must be sport filing.) If the date inserted in this block does not unent's effective date on the Department. | pecific and cannot be more than five business days prior to or 90 d meet the applicable statutory filing requirements, this date will not b |
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| The V: Effective date, if other than the date ffective date is listed, the date must be spend filing.) If the date inserted in this block does not nument's effective date on the Department of the VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a in This document is exectly am aware that any fall. | pecific and cannot be more than five business days prior to or 90 d meet the applicable statutory filing requirements, this date will not b |

Filing Fees:

2018 JAH / LEV

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)