L19000070505

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	
(C	locument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer:	
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	<u>.</u>	





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COVERLETTER

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	New Filing Section Division of Corporations
eub iez	L.R.C Childcare Management LŁC
SUBJEC	Name of Limited Liability Company
The enclo	osed Articles of Organization and fee(s) are submitted for filing.
Please ret	turn all correspondence concerning this matter to the following:
	Latonya Ginetta
	Name of Person
	Firm/Company
	1003 South Kirkman 2d Ste 201
	City/State and Zip Code L-RC Child Care management ogmal. Cum E-mail address: (to be used for future annual report notification)
For further	information concerning this matter, please call: About Graduat 407 625 6027 Name of Person Area Code Daytime Telephone Number
_	is a check for the following amount: Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Street Address New Filing Section

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	Management LLC.			
(Must co	ntain the words "Limited	d Liability Company	', "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street	address of the principal	office of the Limited	d Liability Company is:	
<u>Princ</u>	ipal Office Address:		Mailing Address:	
1003 South Kirkm	ian Rd Ste 201	100	3 South Kirkman Rd Ste 201	
Orlando, Fla 32811		Orl	I- CI. 22011	
ARTICLE III - Registered A	gent, Registered Office	e, & Registered Age		
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	gent, Registered Office ny cannot serve as its own active Florida registrat et address of the register	e, & Registered Agent. ion.) ed agent are:		-
ARTICLE III - Registered A The Limited Liability Compa mother business entity with a	gent, Registered Office ny cannot serve as its own active Florida registrat et address of the register	e, & Registered Agent. in Registered Agent. ion.) ed agent are:	ent's Signature:	19 MAR 1 I
ARTICLE III - Registered A The Limited Liability Compa mother business entity with a	gent, Registered Office ny cannot serve as its own active Florida registrat et address of the register	e, & Registered Agent. ion.) ed agent are:	ent's Signature:	19 MAR 11
ARTICLE III - Registered A The Limited Liability Compa mother business entity with a	gent, Registered Office ny cannot serve as its ow a active Florida registrat et address of the register Lator	e, & Registered Agent. in Registered Agent. ion.) ed agent are:	ent's Signature:	19 MAR 1 1 AM
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	gent, Registered Office ny cannot serve as its own active Florida registrat et address of the register Laton	e, & Registered Agent. ion.) ed agent are: iva Ginetta Name	ent's Signature: You must designate an individual c	19 MAR 11
ARTICLE III - Registered A	gent, Registered Office ny cannot serve as its own active Florida registrat et address of the register Laton	e, & Registered Agent. ion.) ed agent are: iva Ginetta Name	ent's Signature: You must designate an individual c	19 MAR 1 1 AM

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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

ARTICLE IV-

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

Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager MGR	Latonva Ginetta	
	ASS.	n
	SEE FLOOR	پسر انس
(Use attachment if necessary)		
(If an effective date is listed, the date must be sp	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90 days after	
the date of filing.) Note: If the date inserted in this block does not the document's effective date on the Department	neet the applicable statutory filing requirements, this date will not be listed as of State's records.	
ARTICLE VI: Other provisions, if any.		
REOUIRED STENATORE:	0	
Signature of a m	omper or an authorized representative of a member.	
I am aware that any fals	ted in accordance with section 605.0203 (1) (b). Florida Statutes. Information submitted in a document to the Department of State of Felony as provided for in s.817.155. F.S.	
Constitutes a third degree	(A) notified	
= 3 - 7	Typed or printed name of signee	

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)