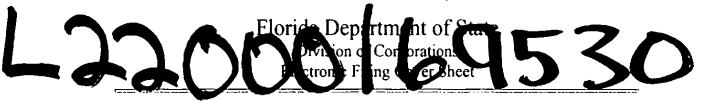
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Division of Corporations



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Email Address:___ODDAWNBROWN@HOTMAIL.COM

FLORIDA LIMITED LIABILITY CO. Coding Kids LLC

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Coding	g Kids LLC
(Must end with the words "l	Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3351 Southwind Drive Gulf Breeze, FL 32563	3351 Southwind Drive Gulf Breeze, FL 32563
another business entity with an active Florida reg The name and the Florida street address of the reg	its own Registered Agent. You must designate an individual or gistration.)
Jo Dawn Brown	Name
3351 Southwind D	riva
	O. Box NOT acceptable)
Gulf Breeze	FL 32563
City	Zip
the place designated in this certificate, I hereb capacity. I further agree to comply with the pro	eccept service of process for the above stated limited liability company at ty accept the appointment as registered agent and agree to act in this tyrisions of all statutes relating to the proper and complete performance to the obligations of my position as registered agent as provided for in Chapter 605, F.S.
Jo Dawn	C Brown 's Signature (REQUIRED)
Registered Agent'	's Signature (REQUIRED)
Jo D	awn Brown
(CO	NTINUED)

Page 1 of 2

H22000146322

Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager AMBR	Stephen Brown	
	3351 Southwind Drive Gulf Breeze, FL 32563	
	ANI BIAARAT I B ABAAA	
		
And And Principles - 1984 to 1884 to 1		
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E V: Effective date, if other than the dective date is listed, the date must be f filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	specific and cannot be more than five business days prior to or 90	
E V: Effective date, if other than the dective date is listed, the date must be of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation I am aware that any false)	member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document in under the penalties of perjury that the facts stated herein are true. et information submitted in a document to the Department of State	
REQUIRED SIGNATURE: Signature of a (In accordance with secticonstitutes an affirmatio I am aware that any false	specific and cannot be more than five business days prior to or 90 percent. Brown member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document in under the penalties of perjury that the facts stated herein are true.	

Page 2 of 2

