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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Lia	bility Company is:			
Budding Years A	cademy, LLC			
(Must o	contain the words "Limited	l Liability Compar	1y, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and stre	et address of the principal	office of the Limit	ted Liability Company is:	
<u>Pri</u> n	cipal Office Address:		Mailing Address:	
167 Salem Court		49	982 Leah Lanc	
Tallahassee, FL 32301		<u>T</u>	Tallahassee, FL. 32303	
(The Limited Liability Companother business entity with	any cannot serve as its ow an active Florida registrati	n Registered Ager ion.)		
The name and the Fronta St	v	d agent are.		
	Joanne Watson	Nama		
	cademy, LLC contain the words "Limited Liability Company, "L.L.C.," or "LLC.") et address of the principal office of the Limited Liability Company is: cipal Office Address: Mailing Address: 4982 Leah Lane Tallahassee, FL. 32303 Agent, Registered Office, & Registered Agent's Signature: any cannot serve as its own Registered Agent. You must designate an individual or an active Florida registration.) eet address of the registered agent are: Joanne Watson Name 4982 Leah Lane Florida street address (P.O. Box NOT acceptable) Tallahassee Florida 32303			
	Florida street addre	ss (P.O. Box <u>NO</u>)	[acceptable)	
	Tallahassee	Florida	32303	
	City	State	7in	

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)

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ARTICLE IV-

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

Title:		Name and Address:		
"AMBR" = Author				
"MGR" = Manage	Γ			
MGR		Joanne Watson		
		4982 Leah Lane Tallahassee, FL, 32303		
		Tallanassee, FL. 32303		
			.	
		<u></u>		
(Use attachment if	necessari)			
(Ose attachment is	necessury)			
	ite on the Department of	neet the applicable statutory filing requirements, this of State's records.		
				
				
REOUIRED SIG	Jour	u Mul	·	
		mber or an authorized representative of a memb		
T	iis document is execut	ed in accordance with section 605.0203 (1) (b), Flor	rida Statutes.	
1 e	im aware that any false institutes a third degree	information submitted in a document to the Departification as provided for in s.817.155, F.S.	ment of State	
	Joanne Watson			
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