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A TALLAHASSEE, FLORIDA

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COVER LETTER

	ion of Corporations	0	.t 110	
SUBJECT: _	NNN Child Care		d Liability Company	
				o Transact Business in Florida," Certificate o bility company to transact business in Florida
Please return a	Il correspondence concerning this ma	tter to the	following:	
	Shawn M. Riley			
		N	ame of Person	
	NNN Child Care	Cen	iters, LLC	
		F	irm/Company	
	160 Landers St			
			Address	
	San Francisco, (CA 9	4114-1723	
		City/S	tate and Zip Code	
	shawn@rileyreal		O 1	
	E-mail address:	(to be used	I for future annual report n	otification)
For further info	ormation concerning this matter, pleas	se call:		
Sh	awn M. Riley		at (415) 3	05-8933
	Name of Contact Person		Area Code	Daytime Telephone Number
Divisi Regis P.O. I	LING ADDRESS: ion of Corporations tration Section Box 6327 nassee, FL 32314	Divisio Registra Clifton 2661 E	et ADDRESS: n of Corporations ation Section Building executive Center Circle ssee, FL 32301	
Enclosed is	a check for the following amou 25.00 Filing Fee \$130.00 Filin Certificate of	g Fee &	☐ \$155.00 Filing Fee Certified Copy	& \$\square\$ \$160.00 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. NNN Child	d Care Centers,						
	f Foreign Limited Liabil	ity Company; must inclu	de "Limited Liability Co	ompany," "L.L.C.," or	"LLC.")		
none							
(If name unavailable, e Liability Company," "l		oted for the purpose of tra	ansacting business in Flo	orida. The alternate na	me must inc	lude "L	imited
2. Georgia		3	3. 47-28812 ⁻	18			
(Jurisdiction under the company is organized)	he law of which foreign	limited liability	· · (F	El number, if applica	ble)	_	
4.							
T	(Date firs	st transacted business in las 605.0904 & 605.0905,	Florida, if prior to registr F.S. to determine penalt	ration.) tv liability)	TA:		
_{5.} 160 Lan		Francisco, (LAL	5 FE	and the same
·	<u> </u>	· · · · · · · · · · · · · · · · · · ·			S	- - 22 j	TO PERSON
<u> </u>		(Street Address	of Principal Office)		- KR-K	+	in settlement
6. 160 Land	ders St, San	Francisco, C	•	23	100	PII 1.	i i i
o	<u> </u>	· · · · · · · · · · · · · · · · · · ·				; <u>7</u> 1	
		(Mailir	ng Address)		<u>></u>	ري. ري	
a m		·		.1			
	, ,	address of the pers	• •	e authority to ma	inage is/a	ire:	
Shawn M.	. Riley, Mana	aging Membe	er				_
160 Lando	ers St, San F	rancisco, CA	94114-172	3			
	·	·					
							
having custody of	f records in the jur certificate is in a	e of existence, no n isdiction under the foreign language, a	law of which it is	organized. (A pl	notocopy	is not	t
					_		
In accordance with section aware that any false in	on 605.0203, F.S., the executionmation submitted in a d	Signature of ar ution of this document const ocument to the Department	n authorized person titutes an affirmation under of State constitutes a third	the penalties of perjury t	hat the facts I for in s 817	stated he	erein are true. S.)
		Shawn M.	Riley				
		Typed or printed			-		

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

	the Limited Liability Company is: hild Care Centers, LLC			_
If unavailable, t	he alternate to be used in the state of Florida is:			_
2. The name ar	nd the Florida street address of the registered agent and office are:	SECKE	15 FE	i mining
	InCorp Services, Inc.	ZSS.	EB 24	Salarania Salarania Salarania
	(Name)			
	17888 67th Court North	LOR LOR	-	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	ORIDA	21	
	Loxahatchee, FL 33470			
	City/Statc/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 my position as registered agent as provided for in Chapter 605, Florida Statutes.

MM Mortalie Bales on behalf of Incorp Services, Inc. (Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

STATE OF GEORGIA

Secretary of State Corporations Division 313 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CONTROL NUMBER DATE INC/AUTH/FILED : December 03, 2014

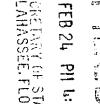
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JURISDICTION

: Georgia

PRINT DATE

: February 06, 2015



CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify und the seal of my office that

> NNN Child Care Centers. LLC A Domestic Limited Liability Company

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



Brian P. Kemp Secretary of State