

L 000000003508

Requester's Name  
P.O. Box 1074  
Address  
Menton FL (440) 974-9851  
City/State/Zip Phone #

300003187953--6  
-03/29/00--01012--005  
\*\*\*\*290.00 \*\*\*\*130.00

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. INVESTMENT TRUST HOLDINGS, LLC  
(Corporation Name) (Document #)

2. L-3508  
(Corporation Name) (Document #)

3. (Corporation Name) (Document #)

RECEIVED  
MAR 29 AM 11:49  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA  
(Corporation Name) (Document #)

☐ Walk-in ☐ Pick up time ☐ Certified Copy  
☐ Mail ☐ Will wait ☐ Photocopy ☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

**OTHER FILINGS**

- ☐ Annual Report
- ☐ Fictitious Name

**AMENDMENTS**

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

**REGISTRATION/QUALIFICATION**

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

FILED  
MAR 29 PM 12:03  
TALLAHASSEE, FLORIDA

Examiner's Initials

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Investment Trust Holdings, LLC

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

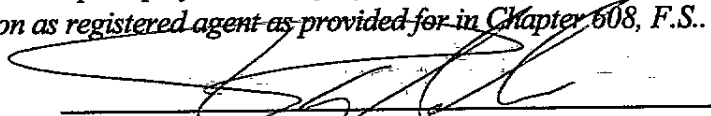
7361 Center Street  
Mentor, Ohio 44060

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Robert Contorno  
Name  
1505 West Virginia La  
Florida street address (P.O. Box NOT acceptable)  
Clearwater FL 33759  
City, State, and 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 608, F.S.

  
Registered Agent's Signature

## Article IV - Management (Check box if applicable.)

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Robert A. Contorno  
Typed or printed name of signee

### Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

~~\$ 30.00~~ Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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00 MAR 29 PM 12:03  
STATE OF FLORIDA  
TALLAHASSEE