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To:

Division of Corporations

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Attn: Sue Deverson # 890000.9001

From:

: TRIPP, SCOTT, CONKLIN & SMITH Account Name

Account Number : 075350000065 Phone : (954)525-7500

Fax Number : (954)761-8475

LIMITED LIABILITY COMPANY

International Forensic Psychology Institute, L.L.C.

Certificate of Status	0
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# ARTICLES OF ORGANIZATION OF INTERNATIONAL FORENSIC PSYCHOLOGY INSTITUTE, L.L.C.

The undersigned does hereby subscribe to and file these Articles of Organization for the purpose of organizing a limited liability company under the Florida Limited Liability Company Act.

#### ARTICLE I NAME

The name of this limited liability company is:

International Forensic Psychology Institute, L.L.C.

### ARTICLE II PRINCIPAL OFFICE/MAILING ADDRESS

The principal office and mailing address of this limited liability company is:

800 East Broward Boulevard, #301 Ft. Lauderdale, FL 33301

## ARTICLE III REGISTERED AGENT, REGISTERED OFFICE AND REGISTERED AGENT'S SIGNATURE

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

Christine P. Yates, Esq. c/o Tripp Scott, P.A. 110 S.E. 6<sup>th</sup> Street, 15<sup>th</sup> Floor Ft. Lauderdale, FL 33301

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SECRETARY OF STAIL
TAIL ANASSEE FLORIDA

Prepared By:

Christine P. Ystes, Esq. Bar No. 122653 Tripp Spott, PA P. O. Box 14245 Ft. Lauderfale, FL 33302 (954) 525-7500

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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.

Christine P. Yates

Registered Agent

### ARTICLE IV MANAGEMENT

The limited liability company is to be managed by one or more managers and is, therefore, a manager-managed company.

Name: Lenore E. Walker

Title: Authorized Representative of

the Members

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

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