*	
Requester's Name	
2625 Mitcham Unive	
Address TAL, FL 32308 877-5869 City/State/Zip Phone#	Office Use Only SSFE, FLORI Office Use Only Office Use Only SSFE, FLORI Office Use Only Office Use Onl
CORPORATION NAME(S) & DOCUMENT N	UMBER(S), (if known):
1. ITM Education Resources, L.L.C. (Corporation Name)	(Document #)
2(Corporation Name)	(Document #) 0000035168400
3. Corporation Name)	(Document #)
4(Corporation Name)	(Document #)
Walk in Pick up time	Certified Copy S
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Fictitious Name Figure 1 Figure 1	Aerger STRATION/QUALIFICATION Foreign simited Partnership leinstatement Grademark Other
CR2E031(7/97)	Examiner's Initials 11-5-01



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

December 29, 2000

DIXEY MAYO

SUBJECT: ITM EDUCATION RESOURCES, L.L.C.

Ref. Number: W00000030366

We have received your document for ITM EDUCATION RESOURCES, L.L.C. and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following:

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6025.

Trevor Brumbley Document Specialist

Letter Number: 000A00064912

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410-1015

pd 130.00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ITM Education Resources; L.L.C.

ARTICLE II - Address:

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

2625 Mitcham Drive Tallahassee, FL 32308

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

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

Dixey Mayo

Name

Z4:25 Mitcham Drive

Florida street address (P.O. Box NOT acceptable)

Tallahassee, FL 32308

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 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 penaltics of perjury that the facts stated herein are true,)

THUES A . GICPIN

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)

Article V. - Effective Date shall be January 1, 2001

APPRUVE AND FILED OI JAN -5 AN II: 27 SECRLIARY OF STATE FALLAHASSEE, FI ADIE,