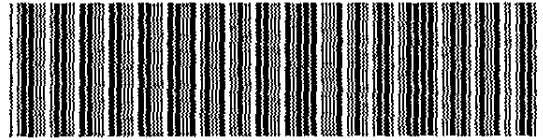


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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



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(Requestor's Name)

(Address)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032

REFERENCE : 878620 4305628

AUTHORIZATION :

Patricia Pizeto

COST LIMIT : \$ 125.00

ORDER DATE : January 2, 2003

ORDER TIME : 12:58 PM

ORDER NO. : 878620-005

CUSTOMER NO: 4305628

CUSTOMER: Alex Angelo, Legal Assistant
Schnader Harrison Segal &
Lewis
Suite 3600
1600 Market Street
Philadelphia, PA 19103

DOMESTIC FILING

NAME: ACTS ACQUISITION COMPANY, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - EXT. 1114

EXAMINER'S INITIALS: _____

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is: ACTS Acquisition Company, LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**ARTICLE II - Address:**The mailing address and street address of the principal office of the Limited Liability Company is:
375 Morris Road , P.O. Box 90, West Point, PA 19486**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

<u>Corporation Service Company</u>		
Name		
<u>1201 Hays Street</u>		
Florida street address (P.O. Box <u>NOT</u> acceptable)		
<u>Tallahassee</u>	<u>FL</u>	<u>32301</u>
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.

Corporation Service Company

By: 

Registered Agent's Signature

(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.)

Marvin Mashner, Authorized Representative of ACTS Retirement

Typed or printed name of signer

Community Life Community Inc.,
Tallahassee an authorized Member**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)