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Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

i North

Account Name : M. BURR KEIM COMPANY

Account Number: 119990000242
Phone : (215)563-8113
Fax Number : (215)977-9386

LIMITED LIABILITY COMPANY

INSTITUTIONALTRANSITION SOLUTIONS, LLC

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ARTICLE I - Name:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is: INSTITUTIONAL TRANSITION SOLUTION	NS, LLC
ARTICLE II - Address: The mailing address and street address of the prin	cipal office of the Limited Liability Company i
Principal Office Address:	Malling Address:
8657 Tara Oaks Court	111 S. 15th Street
Orlando, FL 32836	Suite 2302
	Philadelphia, PA_19102
ARTICLE III - Registered Agent, Registered Country The name and the Florida street address of the registered agent, Registered Country Terral Color of the registered Agent, Registered Country Florida street address (P.O. E.	istered agent are: LAHASSEE, FLORE AND ON BOX NOT acceptable)
Orlando City, State, and	FLORIDA 32836
. City, place, and	₹1₽

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, Florida Statutes..

Page 1 of 2 (CONTINUED)

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The name and address of each Manager or Managing Member is as follows:

ARTICLE IV- Manager(s) or Managing Member(s):

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGR .	John P. Kirk 111 S. 15th Street, Suite 2302 Philadelphia, PA 19102	2
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· · ·	To the second se	
(Use attachment if necessary)	JAHASSE JAHASSE	1 MY 25
NOTE: An additional article must be	지역 added if an effective date is requested.	A ⇔
REQUIRED SIGNATURE:	thorised representative of a member:	03
(In accordance with section 608, of this document constitutes an a that the facts stated herein are two		

Filing Feet; \$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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Typed or printed name of signee

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