

L040000040721

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

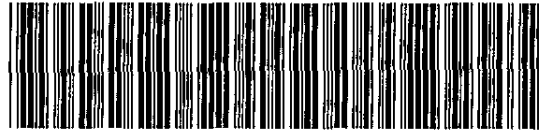
(Business Entity Name)

(Document Number)

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04 MAY 28 PM 5:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*BR*

04 MAY 28 PM 12:54  
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 691736 4983A

AUTHORIZATION :

*Patricia Kyte*

COST LIMIT : \$ 160.00

FILED  
04 MAY 28 PM 5:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : May 27, 2004

ORDER TIME : 10:43 AM

ORDER NO. : 691736-005

CUSTOMER NO: 4983A

CUSTOMER: Ms. Marilyn Adelman  
Cozen O'Connor, P.C.

1900 Market Street  
The Atrium  
Philadelphia, PA 19103

DOMESTIC FILING

NAME: ITG PALM BEACH, LLC

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kimberly Moret - EXT. 2949

EXAMINER'S INITIALS: \_\_\_\_\_

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**FILED**  
04 MAY 28 PM 5:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

ITG Palm Beach, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

One East Eleventh Street, Suite 500

Same

Riviera Beach, FL 33404

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

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

Francis X. Murray

Name

One East Eleventh Street, Suite 500

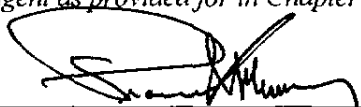
Florida street address (P.O. Box **NOT** acceptable)

Riviera Beach, FL 33404

FLORIDA

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, Florida Statutes..*

  
\_\_\_\_\_  
Registered Agent's Signature

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

ITG Vegas, Inc.

One East Eleventh Street, Suite 500

Riviera Beach, FL 33404

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

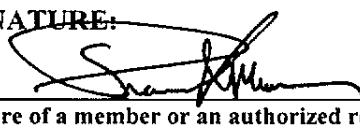
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(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
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.)

By: Francis X. Murray, Vice President of Member

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)**