

L05000053100

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

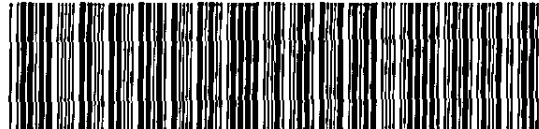
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300054731593

FILED
05 MAY 27 PM 5:49
SEC. OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
05 MAY 27 PM 2:36
SEC. OF STATE
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 397658 7103124

AUTHORIZATION : *Patricia Pigute*

COST LIMIT : \$ 125.00

FILED
05 MAY 27 PM 5:49
SEC. OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : May 27, 2005

ORDER TIME : 1:33 PM

ORDER NO. : 397658-005

CUSTOMER NO: 7103124

CUSTOMER: Christina Sinck
Dow Lohnes & Albertson Pllc

Suite 800
1200 New Hampshire Avenue, N.w
Washington, DC 20036-6802

DOMESTIC FILING

NAME: CORTIVA INSTITUTE (TAMPA),
LLC

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman - EXT. 2908

EXAMINER'S INITIALS: _____

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

FILED
05 MAY 27 PM 5:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

Cortiva Institute (Tampa), LLC

ARTICLE II - Address:

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

Principal Office Address:

230 Park Avenue

27th Floor

New York, NY 10169

Mailing Address:

Same as principal office

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

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

Corporation Service Company

Name

1201 Hays Street

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

Tallahassee

FLORIDA 32301

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..

Corporation Service Company

By: Cynthia L. Harris

Registered Agent's Signature

Cynthia L. Harris
as its agent

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:

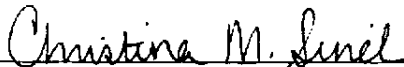
MGRM

Cortiva Education, Inc. (sole member)
230 Park Avenue, 27th Floor
New York, NY 10169

(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.)

Christina M. Sinck
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)