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## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Institute of Family Studies  
(Name of Limited Liability Company) LLC

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Katherine Oses  
(Name of Person)

clo Sean Jennings  
(Firm/Company)

108 Robin Road Ste 206  
(Address)

Altamonte Springs, FL  
(City/State and Zip Code) 32701

For further information concerning this matter, please call:

Katherine Oses at 407, 376 0225  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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**Articles of Organization  
Of  
Institute of Family Studies, LLC**

**ARTICLE I: Name**

The name of this limited liability company shall be INSTITUTE OF FAMILY STUDIES, LLC

**ARTICLE II: Address**

The principal place of business/mailing address is as follows:

**Name:**

Institute of Family Studies, LLC

**Principal Office Address:**

108 Robin Road  
Suite 2006  
Altamonte Springs, FL 32701

**Mailing Address**

108 Robin Road  
Suite 2006  
Altamonte Springs, FL 32701

**ARTICLE III: Registered Agent**


The limited liability company's registered agent is:

Katherine M. Oses  
5415 Lake Howell Road  
# 203  
Winter Park, FL 32792

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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 in Chapter 608, F.S.,

  
\_\_\_\_\_  
Registered Agent's Signature  
Katherine M. Oses

**ARTICLE IV: Manager(s)**

The names and addresses of the Managers are as follows:

<u>Title:</u>	<u>Name and Address:</u>
MGRM	Sean Jennings 108 Robin Road Suite 2006 Altamonte Springs, FL 32701
MGRM	Katherine M. Oses 5415 Lake Howell Road # 203 Winter Park, FL 32792

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
Signature of a member or an authorized representative of a member

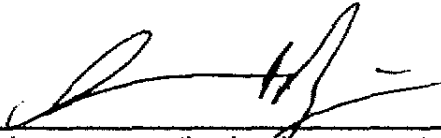
Katherine M. Oses

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.

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2005 JUL 18 P 11  
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SECRETARY OF STATE

Sean P. Jennings

Typed or printed name of signee



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.

↑

\_\_\_\_\_  
Typed or printed name of signee

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