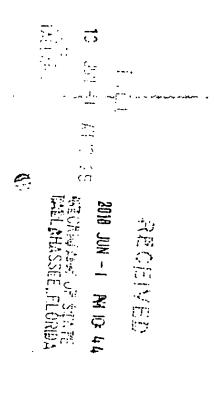
M18000005443

(Red	questor's Name)	
(Add	dress)	
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(City	//State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nam	ne)
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Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	

Office Use Only



300313682333







Please give original submission date as file date.

FLORIDA DEPARTMENT OF STATE Division of Corporations

June 4, 2018

CSC ROXANNE

SUBJECT: THE INSTITUTES, LLC Ref. Number: W18000051968

We have received your document for THE INSTITUTES, LLC and the authorization to debit your account in the amount of \$. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is N11000001208 - THE INSTITUTE, INC..

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Brittany M Figueroa Regulatory Specialist II Registration/Qualification Section

Letter Number: 718A00011477

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195
REFERENCE : 238147 6864A
AUTHORIZATION Spells of enan
COST LIMIT (: \$\sigma_125.00
ORDER DATE : May 31, 2018
ORDER TIME : 9:27 AM
ORDER NO. : 238147-005
CUSTOMER NO: 6864A
FOREIGN FILINGS
NAME: THE INSTITUTES, LLC
XXXX QUALIFICATION (TYPE: LL)
<u></u> 20.121110.111011 (111111. <u>111</u>)
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

EXAMINER:

CONTACT PERSON: Roxanne Turner -- EXT# 62969

COVER LETTER

TO:

Registration Section

Div	ision of Corporation	15				
SUBJECT:	The Institutes, LLC					
			Limited Liability (Company		
		eign Limited Liability Comp d to register the above refere				
Please return	all correspondence o	concerning this matter to the	following:			
	Linda M. Lee,	Paralogal				
		N	ame of Person			
	Cozen O'Conno	nt.				
		Fi	rm/Company		<u> </u>	
	200 Four Falls	Corporate Center, Suite 400				
			Address			
	West Conshoho	ocken, PA 19428				
		City/S	tate and Zip Code		1-111-	
	Scheidt@theinst	itutes.org				
		E-mail address: (to be used	for future annual	report no	ification)	
For further in	nformation concernin	g this matter, please call:				
Lin	da M. Lee		610 at (941-23		
	Name c	f Contact Person	Area Code	Day	time Telephone Number	
Div Reg P.O	ILING ADDRESS: ision of Corporations istration Section . Box 6327 ahassee, FL 32314			Division Registrat Clifton B 2661 Exc	CADDRESS: of Corporations ion Section uilding centive Center Circle see, FL 32301	
	check for the follow 125.00 Filing Fee	ing amount: \$\Boxed{\Boxesia} \mathbb{S} 130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Co of Status & Certified Cop	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

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		ame adopted	tor the purpose of t	transacting business in	rrionaa ine as	remaie name must include (Limited Lizh	siiis Compans	1.1 C. of 1.LC 1
2	Pennsylvania (Jurisdiction under the law of wi	arch toreign li	mited liability com	pain is organized)	3.	(I til numb	er_it applicable}	
							_	<u></u>
4		(Date f	irst transacted busi	mess in Florida, if prio	e to registration	1		ਣ. ³
		(See se	ot £040 20a enous	605 0905, F.S. to det	emine penalty l	hability)		里。
5	720 Providence Road (Suger Address of P	hancan at 1180e			6.	720 Providence Road (Mailing Addit	* *	
	Malvern, PA 19355					Malvern, PA 19355	,	
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7	Name and <u>street addres</u>	s of Flori	da registered	ngent: (P.O. B	lox NOT a	ccentable)		7-1 (17
			_	_	70.1 <u>110.1 </u> u	eccpuote)	Ø.	
	Name:	Corpor	ation Service	Company			- 1.0°	
	Office Address:	1201 H	ays Street					
		Tallaha	com					
				(Cuv)		, Florida 32301 (Zipcoda		
Ha Tes to c	ignated in this applicat	gistered of tion, I he ons of all s of my po	reby accept t I statutes rela ositi an as yreg	he appointmen itive to the prop gistered agent.	t as registe	for the above stated limited red agent and agree to act inplete performance of my a	in this capac luties, and I F	rity. I further agr am familiar with Roxanne Turne
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Esped or printed name of signee

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

05/31/2018

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

The Institutes, LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

OF THE COUNTY OF

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Acting Secretary of the Commonwealth

Certification Number: TSC180531182177-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify