



**THE UNITED STATES  
CORPORATION  
COMPANY**

**L00000004447**

ACCOUNT NO. : 072100000032

REFERENCE : 666388 4312752

AUTHORIZATION :

*Patricia Pizito*

COST LIMIT : \$ 125.00

FILED  
00 APR 18 PM 1:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : April 18, 2000

ORDER TIME : 11:14 AM

ORDER NO. : 666388-005

CUSTOMER NO: 4312752

000003212790--4

CUSTOMER: Ms. Lisa M. Weeden  
SHIPMAN & GOODWIN LLP  
SHIPMAN & GOODWIN LLP  
One American Row

Hartford, CT 06103-2819

DOMESTIC FILING

NAME: K-8 EDUCATIONAL SYSTEMS, LLC

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION  
       CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janine Lazzarini

EXAMINER'S INITIALS:

*200-4447*

Name	<i>OK H-18</i>
Availability	<i>OK</i>
Document	<i>OK</i>
Exhibit	<i>OK</i>
Update	<i>OK</i>
Verify	<i>OK</i>
Acknowledgment	<i>OK</i>
W. P. [Signature]	

RECEIVED  
00 APR 18 PM 12:12  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

K-8 Educational Systems, LLC

## ARTICLE II - Address:

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

7000 West Palmetto Park Road, Suite 408  
Boca Raton, Florida 33433

## 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 Road

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

Tallahassee FL 32301-2525

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, F.S..*

*Laura R. Duff*

Registered Agent's Signature

## Article IV - Management (Check box if applicable.)

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

*Simon Konover*  
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.)

Simon Konover, 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)

00 APR 18 PM 1:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED