1327 L Tallahas City/State	equestor's Name andover of. Address Address Phone # 656-667/ 0224-7800 NAME(S) & DOCUMENT N	Office Use	
	ive Knowledge Soli	•	
(Сог	poration Name)	(Document #)	
2.			
_	oration Name)	(Document #)	7.
3(Corp	oration Name)		PA - 7
Λ. · · ·		Document #)	
Corp	oration Name)	Document #)	2 <u>7</u>
	Pick up time Will wait	Certified Copy	IVED AN 8:06
/ Crimin out	Will wait Photocopy	Certificate of Sta	itus
NEWFOLDINGS	AMENDMENTS		ACC N
Profit	Amendment		NOV 20
NonProfit	Resignation of R.A., Officer/Di	rector	ARY ARY ARY ARY ARY
Limited Liability	Change of Registered Agent		
Domestication	Dissolution/Withdrawal		AMID: 59 OF STATE OF LORID
Other	Merger		DA 10A 10A
OTHER TIMES	REGISTRATION/		
Annual Report	QUALIFICATION	-11/20	6885788: 0/0101021002
Fictitious Name	Foreign	****130.00 ****130.00	
Name Reservation	Limited Partnership	·	
	Reinstatement		-
	Trademark		

Examiner's Initials

Other

ARTICLES OF ORGANIZATION

OF

CREATIVE KNOWLEDGE SOLUTIONS, L.L.C.

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes (the "Florida Limited Liability Company Act"), for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

1. NAME.

The name of the Limited Liability Company is CREATIVE KNOWLEDGE SOLUTIONS, L.L.C. (hereinafter referred to as the "Company").

1. **PERIOD OF DURATION**.

The period of duration of the Company shall be from the date of filing of its

Articles of Organization until the first to occur of the following:

- (i) The date that is seventy-five (75) years from the date of filing of the Articles of Organization with the Department of State, State of Florida
- (ii) Dissolution of the Company pursuant to the provisions of the Florida Limited Liability Act; or
- (iii) By the mutual written agreement of a majority in capital interest of the Members.

2. **PURPOSE**.

The purpose for which the Company is organized is to engage in any and all businesses and activities permitted by the laws of the State of Florida. The Company shall have

AFREYE

all of the powers vested in a limited liability company organized and existing by virtue of such laws.

3. <u>ADDRESS OF PLACE OF BUSINESS.</u>

The mailing address of the Company is Post Office Box 471, Tallahassee, Florida 32302, and the street address of the place of business for the Company is 906 North Monroe Street, Tallahassee, Florida 32303. Such address may be changed from time to time as provided in the written Operating Agreement executed by all of the Members.

4. **REGISTERED AGENT.**

The initial registered agent in Florida for the Company is Barbara Auger, and the initial registered office is located at 906 North Monroe Street, Tallahassee, Florida 32303.

5. **MEMBERS**.

The Company shall have at least one (1) Member, and may admit additional members upon the prior unanimous written agreement of the then existing Members, or as otherwise provided in the written Operating Agreement executed by all of the Members.

6. <u>CONTINUITY OF BUSINESS.</u>

Upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a Member or the occurrence of any other event which terminates the continued membership of a Member in the Company, the business of the Company shall be continued and the Company shall not be dissolved without the prior written consent of all the remaining Members of the Company.

7. **MANAGEMENT**.

Management of the Company shall be reserved to the Members. The Members may, however, elect a manager in the manner provided in any written operating agreement

APPROVILLED

among all of the Members. Any such Manager shall have the powers and authority expressly granted under the Operating Agreement.

8. <u>INDEMNIFICATION</u>.

Except as expressly provided otherwise in the Operating Agreement, the

Company shall indemnify any Member or former Member to the full extent permitted under the

Florida Limited Liability Company Act.

Executed at Tallahassee, Florida, in the 19 day of November, 2001.

BY:_______BARBARA AUGER, MEMBER

STATE OF FLORIDA COUNTY OF LEON

VOTÁRY PUBLÍC - STATE OF FLORIDA

PRINT, TYPE OR STAMP NAME OF NOTARY PUBLIC



ACCEPTANCE BY REGISTERED AGENT

Having been appointed the registered agent of CREATIVE KNOWLEDGE SOLUTIONS, L.L.C., the undersigned accepts such an appointment, agrees to act in such capacity and accepts the obligations proposed by Florida Statutes Section 608.415 and is herewith simultaneously designated as registered agent by CREATIVE KNOWLEDGE SOLUTIONS, L.L.C.

Executed this 19 day of November, 2001.

BARBARA AUGER, REGISTERED

FOR THE LIMITED LIABILITY COMPANY:

Y:________BARBARA AUGER, MEMBER

OI NOV 20 AM IO: 59
SECRETARY OF STATE
TALLAHASSEF, FLORIDA

ARPROYEL AND