

LA4000020463

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

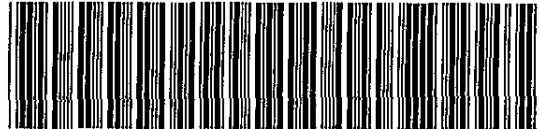
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## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Knowledge Strategies International, L.L.C.  
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

Marianne Radwan  
(Name of Person)

Knowledge Strategies International, L.L.C.  
(Firm/Company)

P.O. Box 811501, Boca Raton, FL 33481  
(Address)

Boca Raton, FL 33481  
(City/State and Zip Code)

For further information concerning this matter, please call:

Roy Loaiza at (650) 740-2780  
(Name of Person) (Area Code & Daytime Telephone Number)

**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

1 Article of Organization	\$100
1 Designation of Registered Agent	\$25
1 Certified copy	\$30
	<u>\$155</u>

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Knowledge Strategies International, L.L.C.

**ARTICLE II - Address:**

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

**Principal Office Address:**

7100 West Camino Real  
Boca Raton, FL  
33433

**Mailing Address:**

P.O. Box 811501  
Boca Raton, FL  
33481-1501

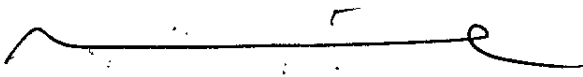
**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Marianne Radwan  
Name  
7100 West Camino Real  
Florida street address (P.O. Box NOT acceptable)  
Boca Raton, FL 33433  
City, State, and Zip

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TALLAHASSEE, FLORIDA

*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..*

  
Registered Agent's Signature

**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:**

MGR

MGRM

Roy Lariza  
1760 Shady Creek Court  
San Jose, CA 95148

George Frankenshtadt  
P.O. Box 0845-306  
Dallas, TX 75205

(Use attachment if necessary)

**NOTE:** An additional article must be added if an effective date is requested.

**REQUIRED SIGNATURE:**

George Frankenshtadt  
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.)

George Frankenshtadt  
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)