

L040000031560

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 589041 4322981

AUTHORIZATION :

*Patricia Pajito*

COST LIMIT : \$ 155.00

ORDER DATE : April 23, 2004

ORDER TIME : 8:33 AM

ORDER NO. : 589041-005

CUSTOMER NO: 4322981

CUSTOMER: Theo Theodoropoulos  
Brown Raysman Millstein  
Felder & Steiner LLP  
900 Third Avenue  
25th Floor  
New York, NY 10022

DOMESTIC FILING

NAME: KNOWLEDGE TRANSFORMATION  
PARTNERS LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION  
CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
PLAIN STAMPED COPY  
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan - EXT. 2955

EXAMINER'S INITIALS: \_\_\_\_\_

APR 23 2004  
NEW YORK  
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10022

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

KNOWLEDGE TRANSFORMATION PARTNERS LLC

**ARTICLE II - Address:**

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

Principal Office Address:

Mailing Address:

KNOWLEDGE TRANSFORMATION PARTNERS LLC

KNOWLEDGE TRANSFORMATION PARTNERS LLC

113 EAST CORALFISH LANE

113 EAST CORALFISH LANE

JUPITER, FL 33477

JUPITER, FL 33477

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

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

SHIR NIR

Name

113 EAST CORALFISH LANE

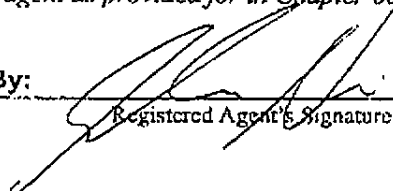
Florida street address (P.O. Box NOT acceptable)

JUPITER, FLORIDA 33477

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 605, Florida Statutes.*

**By:**

  
\_\_\_\_\_  
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:**

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(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
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.)

**SHIR NIR**

\_\_\_\_\_  
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)