

L17000186501

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

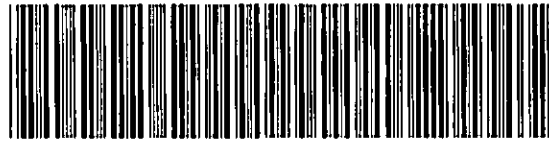
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

COVER LETTER.

TO: New Filing Section  
Division of Corporations

SUBJECT: The International Institute of Knowledge Management Publishing, LLC  
Name of Limited Liability Company (TIKMP Publishing, LLC)

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

Please return all correspondence concerning this matter to the following:

DR RUTH VIOLET KOKU

Name of Person

The International Institute of Knowledge Management Publishing, LLC

Firm/Company

10652 NW 49TH ST.

Address

CORAL SPRINGS, FL 33076

City/State and Zip Code

rvkoku@bellsouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

R. V. KOKU at (954) 752-9878

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐

\$125.00 Filing Fee

☒

\$130.00 Filing Fee &  
Certificate of Status

☐

\$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐

\$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 7, 2017

DR. RUTH VIOLET KOKU  
10652 NW 49TH ST  
CORAL SPRINGS, FL 33076

SUBJECT: THE INTERNATIONAL INSTITUTE OF KNOWLEDGE  
MANAGEMENT PUBLISHING, LLC  
Ref. Number: W17000064392

We have received your document for THE INTERNATIONAL INSTITUTE OF KNOWLEDGE MANAGEMENT PUBLISHING, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

List only one LLC name.

Please return 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) 245-6052.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 617A00015980



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 7, 2017

DR. RUTH VIOLET KOKU  
10652 NW 49TH ST  
CORAL SPRINGS, FL 33076

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Neysa Culligan  
Regulatory Specialist II

Letter Number: 617A00015980

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DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

The International Institute of Knowledge Management Publishing LLC  
(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

10652 NW 49<sup>th</sup> St.  
\_\_\_\_\_  
\_\_\_\_\_

Mailing Address:

10652 NW 49<sup>th</sup> St.  
CORAL SPRINGS  
FL 33076

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

DR. RUTH VIOLET KOKU  
Name

10652 NW 49<sup>th</sup> St.

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

CORAL SPRINGS, FL 33076

City

State

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, F.S.*

Ruth Violet Koku

Registered Agent's Signature (REQUIRED)

(CONTINUED)

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

MGR

MGR

MGR

**Name and Address:**

Ruth Violet Koku  
10652 NW 49th St.  
Coral Springs, FL 33076

Pero Gamage Isanka  
Polleyweldiywa, Aluthwala,  
Ambalangoda, Sri Lanka

Hemal Oshadee Nithangwasam  
404 S/A Erenwala, Pannipitiya  
Sri Lanka

Hewa Marambage Rushan Sunindray  
139 icelani Mulla, Angoda  
Sri Lanka

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

Ruth V. Koku

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

RUTH VIOLET KOKU

Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$--5.00 Certificate of Status (Optional)

17 AUG 31 PM 2:42  
DEPARTMENT OF STATE  
TALLAHASSEE FLORIDA