

P000000099142

TRANSMITTAL LETTER

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

FILED
00 OCT 19 PM 1:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Subject Know-it Solutions, Inc.

Enclosed is an original and one (2) copy of the articles of incorporation and a check for

☒ \$78.75
Filing Fee
& Certified Copy

☐ \$122.50
Filing Fee
& Certified Copy
(ADD'L COPY REQ'D)

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate
(ADD'L COPY REQ'D)

FROM:	Nellie R. Akalp
	30141 Agoura Road, Suite 205 Agoura Hills, California 91301

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*****78.75 *****78.75

NOTE: Please provide the original and one copy of the articles. Provide TWO copies if you have requested a certified copy as designated in the boxes above.

OB 10.20

ARTICLES OF INCORPORATION
OF
Know-it Solutions, Inc.

The undersigned incorporator, for the purpose of forming a corporation under the Florida business Corporation Act, hereby adopts the following articles of incorporation.

ARTICLE I NAME

The name of the Corporation shall be: Know-it Solutions, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1624 Mayview Rd.
Jacksonville, Florida 32210

ARTICLE III SHARES

The number of shares that this corporation is authorized to have outstanding at any one time is: 1,500 at \$1.00 par value per share.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent is:

Gary Wood
1624 Mayview Rd.
Jacksonville, Florida 32210

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation is:

Nellie R. Akalp
30141 Agoura Road, Suite 205
Agoura Hills, California 91301

Nellie R. Akalp
Nellie R. Akalp, Incorporator

10-10-00
Date

Having been named as registered agent and to accept service of process for the above stated corporation 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.

Gary Wood
Gary Wood, Registered Agent

10/16/00
Date

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00 OCT 19 PM 1:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA