

Michael Pasick 13951

Requester's Name
4851 85th Ave.
Address
Pinellas Park, Fl. 33781
City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

800003454398--5
-11/07/00--01016--002
****130.00 ****130.00

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

FILED
NOV - 7 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200-13951
JK

Examiner's Initials

LIMITED LIABILITY COMPANY

TRANSMITTAL LETTER

Date: November 1, 2000

Registration Section
Division of Corporations
Department of State
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

Enclosed please find Articles of Organization for **PROCOMART USA LLC** along with a check in the amount of \$130.00 for:
\$100.00 Filing Fee
\$25.00 Designation of Registered Agent
\$5.00 Certificate of Status

We are enclosing a copy of the ARTICLES and respectfully request that you stamp it and return it to us.

Please mail the CERTIFICATE and stamped copy of ARTICLES to:

**Michael D. Pasek
c/o Tax Centers, Inc.
4851 85th Avenue
Pinellas Park, FL 33781**

FILED
00 NOV -7 PM 5: 00
SECRETARY OF STATE
TALLAHASSEE, FL 32304

In case of any problems or questions, please contact us by telephone at 727-544-2796 or by fax at 727-546-4869

Thank you.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PROCOMART USA LLC

ARTICLE II - Address:

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

**4851 85th. AVENUE
PINELLAS PARK, FL 33781**

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

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

MICHAEL D. PASEK

Name

4851 85th. AVE.

Florida street address (P.O. Box NOT acceptable)
PINELLAS PARK, FL 33781

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 608, F.S..

Michael Pasek 11/01/00

Registered Agent's Signature

Article IV - Management (Check box if applicable.)

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

**ARTICLE V. - NAMES OF MEMBERS/MANAGERS;
KAROL LIPIEC 70% OWNERSHIP
RICHARD POTOCKI 30% OWNERSHIP**

(An additional article must be added if an effective date is requested)

[Signature] 11/01/00
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.)

RICHARD POTOCKI

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)**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 NOV -7 PM 5:00

FILED