

06/18/04 FRI 11:27 FAX 1727 333 35

COMPUTAX USA INC

Division of Corporations

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Florida Department of State
Division of Corporations
Public Access System

2004 JUN 18 A 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : COMPUTAX USA INC.
Account Number : I20000000254
Phone : (727)546-3335
Fax Number : (727)546-3365

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04 JUN 18 PM 2:50
DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

MACLER TELECOM, LLC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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

18 A 10:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

MACLER TELECOM, LLC.

ARTICLE II - Address:

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

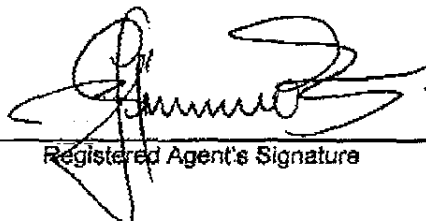
**7409 HEATHER STREET
NEW PORT RICHEY FL 34653**

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

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

**GRZEGORZ BIRAWSKI
7409 HEATHER STREET
NEW PORT RICHEY FL 34653**

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.



Registered Agent's Signature

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ARTICLE IV - Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:
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TALLAHASSEE, FLORIDA

Title:

Name and Address:

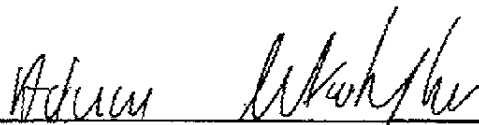
Member

BIRMOK ENTERPRISES INC
7409 HEATHER STREET
NEW PORT RICHEY FL 34653

Member

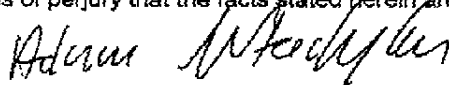
ADAM WLODYKA
7409 HEATHER STREET
NEW PORT RICHEY FL 34653

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.)



ADAM WLODYKA

Typed or printed name of signee

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