

L0500009/447

Florida Department of State
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Phone : (727)546-3335
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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY
P. M. T. L. ENTERPRISES, L.L.C.

Certificate of Status	0
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**ARTICLES OF ORGANIZATION FOR FLORIDA
LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

P. M. T. L. ENTERPRISES, L.L.C.

ARTICLE II - Address:

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

**607 N Keene Rd #B
Clearwater FL 33755**

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

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

**Piotr Miroslaw
607 N Keene Rd #B
Clearwater FL 33755**

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

H05000221552 3

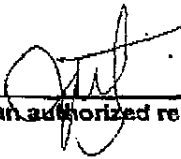
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ARTICLE IV - Manager(s) or Managing Member(s):

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

<u>Title:</u>	<u>Name and Address:</u>
Manager	Piotr Miroslaw 607 N Keene Rd #B Clearwater FL 33755
Manager	Tadeusz Lenczowski 607 N Keene Rd #B Clearwater FL 33755

REQUIRED SIGNATURE:



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

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(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.)

Tadeusz Lenczowski

Typed or printed name of signee

H05000221552 3