

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

: COMPUTAX USA INC. Account Name Account Number : I20000000254 : (727)546-3335

Phone Fax Number : (727)546-3365

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 SEGRETARY OF STATE OF STATE OF CORPORATIONS

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

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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:

Title:

Name and Address:

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.

(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