

10/19/05 WED 13:56 FAX 1727 4333

COMPUTAX USA, INC

001

**LD5000103337**

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H05000247607 3)))

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

RECEIVED  
05 OCT 19 AM 2:16  
DIVISION OF CORPORATIONS

To: Division of Corporations  
Fax Number : (850) 205-0383  
Account Name : COMPUTAX USA INC.  
Account Number : I20000000254  
Phone : (727) 546-3335  
Fax Number : (727) 546-3365

**LIMITED LIABILITY COMPANY**

**DESI ENTERPRISES, LLC**

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 OCT 19 AM 9:27

Electronic Filing Menu

Corporate Filing

Public Access Help

N. Culligan OCT 20 2005

H05000247607 3

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**DESI ENTERPRISES, LLC**

**ARTICLE II - Address:**

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

**1727 Coachman Plaza Dr. Ste #216  
Clearwater FL 33759**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 OCT 19 AM 9:27

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

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

**Tsvetomir Betuhovski  
4488 73rd Ave N  
Pinellas Park FL 33781**

*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

H05000247607 3

H05000247607 3

**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:**

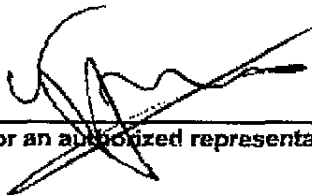
**Manager**

Tsvetomir Betuhovski  
4488 73rd Ave N  
Pinellas Park FL 33781

**Manager**

Desislava Petrova  
4488 73rd Ave N  
Pinellas Park FL 33781

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.)

**Tsvetomir Betuhovski**

\_\_\_\_\_  
Typed or printed name of signee

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 OCT 19 AM 9:27

H05000247607 3