

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : COMPUTAX USA INC.
Account Number : 120000000254
Phone : (727)546-3335
Fax Number : (727)546-3365

FLORIDA/FOREIGN LIMITED LIABILITY CO.

LTSEUROPE, LLC

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Certificate of Status	0
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Estimated Charge	\$125.00

Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

LTS EUROPE, LLC

ARTICLE II - Address:

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

7216 Maida Lane #9D Fort Myers FL 33908

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:

Stanislav Slowik 7216 Maida Lane #9D Fort Myers FL 33908

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

Stanislav Slowik

7216 Maida Lane #9D Fort Myers FL 33908

Manager

Lucie Kasingova

7216 Maida Lane #9D Fort Myers FL 33908

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.)

Stanislav Slowik

Typed or printed name of signee

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SECRETARY OF STATE