

Division of Corporations

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Florida Department of State

LO7000019263

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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
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FLORIDA/FOREIGN LIMITED LIABILITY CO.**BRODALA, LLC**

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:

BRODALA, LLC

ARTICLE II - Address:

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

**501 Ovalando Place #1
North Port FL 34287**

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

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

**Jerzy Brodala
501 Ovalando Place #1
North Port FL 34287**

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:

<u>Title:</u>	<u>Name and Address:</u>
Manager	Jerzy Brodala 501 Ovalando Place #1 North Port FL 34287
Manager	Teresa Brodala 501 Ovalando Place #1 North Port FL 34287

REQUIRED SIGNATURE:

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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.)

Jerzy Brodala

Typed or printed name of signee

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