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.

(((H07000054124 3)))



H070000541243ABCX

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

To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : COMPUTAX USA INC.

Account Number : I20000000254 Phone : (727)546-3335

Fax Number : (727)546-3365

USA INC. 254 3335 3365 FILED
SECRETARY OF STATE
DIVISION OF CORFORATION

MECEIVED 77 FEB 28 PM 1: 50

# FLORIDA/FOREIGN LIMITED LIABILITY CO.

### ANDSTE, LLC.

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

Electronic Filing Menu

Corporate Filing Menu

Help

#### H07000054124 3

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

# ANDSTE, LLC.

### ARTICLE II - Address:

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

## 1118 Cielo Ct North Venice FL 34275

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

> Andreas Machulski 1118 Cielo Ct North Venice FL 34275

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

### H07000054124 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

Andreas Machulski

1118 Cielo Ct

North Venice FL 34275

Manager

Wieslaw Stec

1118 Cielo Ct

North Venice FL 34275

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.)

Andreas Machulski

Typed or printed name of signee