

10/24/07 WED 11:52 FAX 727 546 3365

COMPUTAX USA INC

001

Division of Corporations

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Florida Department of State  
Division of Corporations  
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Fax Number : (850) 617-6383

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Fax Number : (727) 546-3365

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

FLORIDA BAY ENTERPRISES, LLC

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**FLORIDA BAY ENTERPRISES, LLC**

**ARTICLE II - Address:**

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

**31790 US HWY 19N #226  
PALM HARBOR FL 34684**

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

**PREMYSL HRUSKA  
31790 US HWY 19N #226  
PALM HARBOR FL 34684**

*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

PREMYSL HRUSKA  
31790 US HWY 19N #226  
PALM HARBOR FL 34684

Manager

PETRA HRUSKOVA  
31790 US HWY 19N #226  
PALM HARBOR FL 34684

REQUIRED SIGNATURE:

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TALLAHASSEE, FLORIDA

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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.)

**PREMYSL HRUSKA**

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

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