Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTAX USA INC.

Account Number : I20000000254 : (727)546-3335

Phone

Fax Number

: (727)546-3365

FLORIDA/FOREIGN LIMITED LIABILITY CO.

RAFAEL CHOICE ENTERPRISE, 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:

RAFAEL CHOICE ENTERPRISE, LLC

ARTICLE II - Address:

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

4350 W KENNEDY BLVD APT #76 TAMPA FL 33609

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

RAFAL KUCZAWSKI 4350 W KENNEDY BLVD APT #76 TAMPA FL 33609

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

Registered Agent's Signature

my position as registered agent as provided for in Chapter 608, F.S.

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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

RAFAL KUCZAWSKI

4350 W KENNEDY BLVD APT #76

TAMPA FL 33609

Manager

MALGORZATA Z HRYNIEWICZ 4350 W KENNEDY BLVD APT #76

TAMPA FL 33609

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.)

RAFAL KUCZAWSKI

Typed or printed name of signee