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 Phone : (727)546-3335

Fax Number

: (727) \$46-3365

FLORIDA/FOREIGN LIMITED LIABILITY CO.

COMKLEAN SERVICES, LLC.

Certificate of Status	0
Certified Copy	0
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Electronic Filing Menu

Corporate Filing Menu

Help

T. HAMPTON

MAY 1 9 2008

EXAMINER

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H08000131574 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

COMKLEAN SERVICES, LLC.

ARTICLE II - Address:

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

8001 27th Ave N St Petersburg FL 33710 SECRETARY OF STATE

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

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

Tomas Zakarka 8001 27th Ave N St Petersburg FL 33710

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

H08000131574 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

Tomas Zakarka 8001 27th Ave N St Petersburg FL 33710

SECRETARY OF STATE

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.)

Tomas Zakarka

Typed or printed name of signee