

L08000078018

Florida Department of State
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.

(((H08000194470 3)))



H080001944703ABC0

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

L. SELLERS

To:

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

AUG 14 2008

EXAMINER

From:

Account Name : COMPUTAX USA INC.
Account Number : I200000000254
Phone : (727) 546-3335
Fax Number : (727) 546-3365

FLORIDA/FOREIGN LIMITED LIABILITY CO.

IMAGO ET FORMA, LLC

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

RECEIVED

08 AUG 13 PM 4:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 AUG 13 AM 8:54

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

H08000194470 3

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

IMAGO ET FORMA, LLC

ARTICLE II - Address:

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

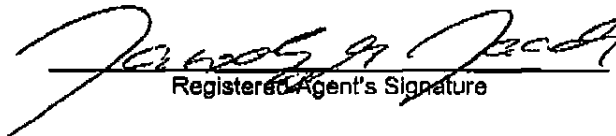
**2120 Mission Valley Blvd
Nokomis FL 34275**

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

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

**JACEK JAWDYK
2120 Mission Valley Blvd
Nokomis 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

H08000194470 3

FILED
08 AUG 13 AM 8:54
SECRETARY OF STATE
TALLAHASSEE FLORIDA

H08000194470 3

ARTICLE IV - Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

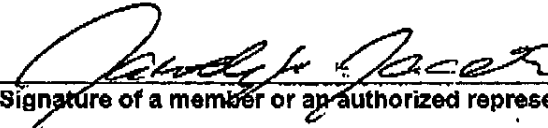
Title:

Name and Address:

Manager

JACEK JAWDYK
2120 Mission Valley Blvd
Nokomis 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.)

JACEK JAWDYK

Typed or printed name of signee

H08000194470 3

FILED
08 AUG 13 AM 8:54
SECRETARY OF STATE
TALLAHASSEE FLORIDA