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Florida Department of State
Division of Corporations
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L. SELLERS

AUG 14 2008

EXAMINER

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)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

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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

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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	**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

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