

JUL 21 2011 4:39PM

COMPUTAX USA INC 727-546-3365

NO. 175

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

From:
Account Name : COMPUTAX USA INC.
Account Number : I20000000254
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TALLAHASSEE, FLORIDA

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FLORIDA LIMITED LIABILITY CO.
EMERICO-D, LLC

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C. LEWIS

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

EMERICO- D, LLC

ARTICLE II - Address:

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

**143 CYPRESS LANE
LARGO FL 33770**

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

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

**ZOLTAN ILYES
143 CYPRESS LANE
LARGO FL 33770**

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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

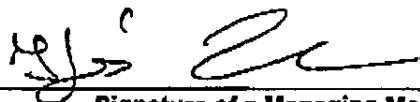
Title:

Name and Address:

Managing Member

ZOLTAN ILYES
143 CYPRESS LANE
LARGO FL 33770

REQUIRED SIGNATURE:



Signature of a Managing 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.)

ZOLTAN ILYES

Typed or printed name of signee

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