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## **COVER LETTER**

TO:

Registration Section

Div	ision of Corporations		All M. D. D.
SUBJECT:	IT PROJECT ENGINEERING	G L.L.C.	TO DCI SA BH M: 88
	Name of Limi	ted Liability Company	
The enclose	d Articles of Organization and fee(s) are	submitted for filing.	
Please return	n all correspondence concerning this ma	tter to the following:	
		Michael Banner	
		Name of Person	
	SmallBiZ.com, Inc.		
		Firm/Company	
	PO Box 13092		
		Address	
	Tucson, AZ	85732	
	C	ity/State and Zip Code	
	sbinfo@smallbiz.com		
	E-mail address: (to be used	for future annual report notification)	
For further i	nformation concerning this matter, pleas	se call:	
	Michael Banner	at 520 881-3	3989
	Name of Person	Area Code & Daytime Tel	lephone Number
Enclosed is	s a check for the following amount:		
\$125.00 Fili	ng Fee \$\int\\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center	ns

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	ja 🗸
ARTICLE I - Name:	
The name of the Limited Liability Com	pany is:
IT PROJECT ENGINEERING L.L.C.	
(Must end with the words "Lim	nited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	of the principal office of the Limited Liability Company is:
Deiesies I Office Address	Malling Address
Principal Office Address:	Mailing Address:
800 Ocala Rd. Ste 300-271, Tallahassee	800 Ocala Rd. Ste 300-271, Tallahassee
FI 32313	FL 32313
	gistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another s of the registered agent are:
	IBiz Agents, LLC
	ivame
800 Oc	ala Rd. Ste 300-271
Florida	street address (P.O. Box NOT acceptable)
<u>Tallahassee</u>	FL 32304
	City, State, and Zip
liability company at the place design registered agent and agree to act in this	t and to accept service of process for the above stated limited nated in this certificate. I hereby accept the appointment as accept the appointment as appacity. I further agree to comply with the provisions of all applied performance of my duties, and I am familiar with and

Registered Agent's Signature (REQUIRED)

accept the obligations of my position as registered agent as provided for in Chapter 608. F.S..

(CONTINUED)

<u> Fitle:</u>	Name and Address:
AWIDK - Authorized Member	,-
'MGR" = Manager	Conete Adrian
MGR	
	Str. Mehadia n.ro 18, bl.21 Sc B et.7 ap. 97, Mun Bucaresti Sec. 6, Romania.
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EV: Effective date, if other than the date of ctive date is listed, the date must be spec-	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90
ctive date is listed, the date must be spec f filing.)	cific and cannot be more than five business days prior to or 90 eet the applicable statutory filing requirements, this date will no
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**ARTICLE IV-**