# Florida Department of State

Division of Corporations 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.

(((H19000270853 3)))



H190002708533ABC2

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

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : USACORP INC. Account Number : I20130000019 Phone : (718)362-478

Fax Number :

: (718)362-4789 : (718)408-2550 C RICO

SEP 1 0 2019

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: MOSHEBIDERMAN@GMAIL.COM

### FLORIDA LIMITED LIABILITY CO.

## Eagle Strategic Florida LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

(((H190CC270853 3)))

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

ARTIC	CLE I -	Name:
-------	---------	-------

The name of the Limited Liability Company is:

Eagle Strategic Florida LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

#### ARTICLE II - Address:

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

5401 Collins Avenue	5401 Collins Avenue
Suite 531-533	Suite 531-533
Miami Beach, FL 33140	Miami Beach, FL 33140

Mailing Address:

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Principal Office Address:

Moshe Biderman		
	Name	
5401 Collins Avenue	e, Suite 531-533	
Florida street addres	ss (P.O. Box <u>NOT</u> ac	eceptable)
Miami Beach	FL	33140
City	State	Zip

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 605, F.S..

/s/ Moshe Biderman

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

(((H19000270853 3)))

		_	
RT	IC1		IV.
 $\mathbf{r}$		4 1	

The name and address of each person authorized to manage and control the Limited Liability Company:

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	Moshe Biderman
	5401 Collins Avenue, Suite 531-533
·	Miami Bench, FL 33140
<del></del>	
· · · · · · · · · · · · · · · · · · ·	
· · · · · · · · · · · · · · · · · · ·	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the date of filin	
(If an effective date is listed, the date must be specific a the date of filing.)	and cannot be more than five business days prior to or 90 days after
	e applicable statutory filing requirements, this date will not be listed as e's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
/s/ Moshe Biderman	
This document is executed in a lam aware that any false inform	or an authorized representative of a member. secondance with section 605.0203 (1) (b), Florida Statutes, nation submitted in a document to the Department of State y as provided for in s.817.155, F.S.
Moshe Biderman	
Тур	ed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Page 2 of 2