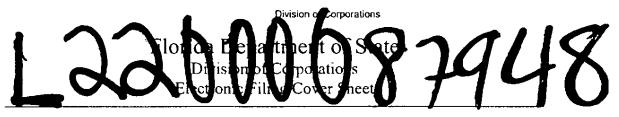
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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : USACORP INC. Account Number : I20130000019 Phone : (718)362-4789 Fax Number : (718)408-2550

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

Email Address: rescatada600@hotmail.com

FLORIDA LIMITED LIABILITY CO. 11206 MARITIME LLC

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

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Corporate Filing Menu

MAR - 3 2022

17184082550

From: 17184082550 To: 18506176381

P: 2/3

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FILEB

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

22 MAR -2 AM 3:

SECRETARY OF STATE STATE AND SEE. FLOR

11206 MARITIME 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:

Principal Office Address:	Mailing Address:
5723 Faraday Avenue	5723 Faraday Avenue
Riverdale, NY 10471	Riverdale, NY 10471

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:

	Name	
9507 NW 38th Stree	et	
Florida street addres	ss (P.O. Box <u>NOT</u> ac	eceptable)
Coral Springs	FL	33065

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/ Levi Vogel	
Registered Agent's Signature (REOUIRED)	

(CONTINUED)

Page 1 of 2

03/01/2022 17:11 17184082550 From: 17184082550 To: 18506176381

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ARTICLE IV- The name and Title:		Name and Address:	SECRETARY FALLAHASSE
	thorized Member		THE MUHOOF
"MGR" = Man	ager		
			
			
<u> </u>			
LEV: Effective	ent if necessary) c date, if other than the date of tiling	:	(OPTIONAL)
LE V: Effective factor of filing.) If the date insertument's effective LE VI: Other properties of the	e date, if other than the date of filing isted, the date must be specific an ted in this block does not meet the we date on the Department of State rovisions, if any.	applicable statutory filing requir	rements, this date will not be
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LE V: Effective ffective date is less of filing.) If the date inser- ument's effective LE VI: Other pro-	e date, if other than the date of filing isted, the date must be specific and ted in this block does not meet the ve date on the Department of State rovisions, if any. SIGNATURE: /s/ Joseph Strauss Signature of a member of This document is executed in act I am aware that any false inform constitutes a third degree felony Joseph Strauss	applicable statutory filing requires records. r an authorized representative accordance with section 605.0203 ation submitted in a document to	e of a member. (1) (b), Florida Statutes. (1) the Department of State

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)