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.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : USACORP INC. Account Number : 120130000019 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.\*\*

Chavarinvestments@gmail.com

ZHAR ZL PH 4: 27

# FLORIDA LIMITED LIABILITY CO.

## 1709 Mahan Dr LLC

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

2 MAR 24 PH 2: 54

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From: 17184082550 To: 18506176381

P: 2/3

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

#### ARTICLE 1 - Name:

The name of the Limited Liability Company is:

1709 Mahan Dr 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:	Maning Address:
5101 17th Ave	5101 17th Ave
Brooklyn, NY 11204	West Palm Beach, FL 33409

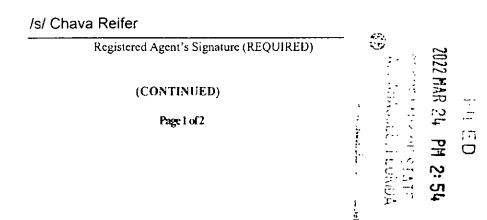
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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:

Chava Reifer		
	Name	
1709 Mahan Drive		
Florida street addres	ss (P.O. Box <u>NOT</u> ac	cceptable)
Tallhasse	FL	32308
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..



ARTICLE IV-

as

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Title: "AMBR" = .	Authorized Member	Name and Address:	
"MGR" = M			
MGR		Chava Reifer	
<u> </u>		5101 17th Ave	
		Brooklyn, NY 11204	
		*** Add - 1944 1-2	
			<del></del>
/ <b>*</b> *			_
(Use attachii	nent if necessary)		
		date of filing: (OPTIONAL)	
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