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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: shmayasilberman@gmail.com

81:5 Hd 8-100

# FLORIDA LIMITED LIABILITY CO. 1434 ROLLING FAIRWAY DRIVE LLC

| Certificate of Status | 0        |
|-----------------------|----------|
| Certified Copy        | 0        |
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| Estimated Charge      | \$125.00 |

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

## ARTICLE 1 - Name:

The name of the Limited Liability Company is:

# 1434 ROLLING FAIRWAY DRIVE LLC

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

#### ARTICLE II - Address:

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

| Principal Office Address: | Mailing Address:   |
|---------------------------|--------------------|
| 1434 ROLLING FAIRWAY DR   | 42 HARRISON AVE    |
| DAVENPORT, FL 33896       | BROOKLYN, NY 11211 |

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

SHAMA SILBERMAN

(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:

2022 JUN -8 AM ID: 14

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. Thereby 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/ SHAMA SILBERMAN

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

| Title: "AMBR" = Authorized Member   | Name and Address:  |                |           |
|---|--|----------------|-----------|
| "MGR" = Manager   | 211.1.1.1.201 N.212.1.1.1.1  |                |           |
| AMBR  | SHAMA SILBERMAN  | _              |           |
|   | 1434 ROLLING FAIRWAY DR<br>DAVENPORT, FL 33896   | _              |           |
|   |  | -              |           |
|   |  | <del>-</del>   |           |
| <del></del>   |  | <b>-</b><br>-  |           |
|   |  | <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.)  Note: If the date inserted in this block does not meet the document's effective date on the Department of State | nd cannot be more than five business days prior to or 9<br>applicable statutory filing requirements, this date will n  | ot 🔀 lis       |           |
| ARTICLE VI: Other provisions, if any.   | in the second se | JUN -8         | <u>,</u>  |
|   | m-   | 1784           | -<br>- [: |
|   |  | I              | _ (       |
| DEACHDER SIAN ATHRE   |  | <u>5</u>       | ٧_        |
| <u>REOURED</u> SIGNATURE:<br>/s/ SHAMA SILBERMAN  |  | £ :            |           |
| This document is executed in a<br>I am aware that any false inform  | or an authorized representative of a member, accordance with section 605,0203 (1) (b). Florida Statutes nation submitted in a document to the Department of Statics as provided for in s.817,155, F.S.   |                |           |
| SHAMA SU RERMAN   |  |                |           |

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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