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(Re	equestor's Name)	
(Ac	ddress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE

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INC.	

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

			\mathbf{W}_{A}	ALK IN		
		PICK U	P: _	02/17/2021		
		CERTIFIED COPY				
	XX	РНОТОСОРУ				
		CUS				
	хх	FILING	LLC			
1.		USA SOUTH HOLDINGS L (CORPORATE NAME AND DOCUMEN				
		(CORPORATE NAME AND DOCUMEN	1 #)			
2.		(CORPORATE NAME AND DOCUMEN	T #)		 	
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		(CORPORATE NAME AND DOCUMEN	T #)			
SPE(L CTIONS:			 	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY 2021 FEB 17 PM 1: 12

ARTICLES OF ORGANIZATION FOR FLORIDA	ALIMITED LIABILITY COMPANY 3311 CO 17 171 1. 12
ARTICLE I - Name: The name of the Limited Liability Company is:	SECRETARY OF STATE TALLAHASSEE, FL
USA South Holdings LLC	
(Must contain 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 principal office Address:	he Limited Liability Company is: Mailing Address:
500 E. Broward Blvd, Suite 2000	500 E. Broward Blvd., Suite 2000
Fort Lauderdale, FL 33394	Fort Lauderdale, FL 33394
ARTICLE III - Registered Agent, Registered Office, & Regist (The Limited Liability Company cannot serve as its own Registere another business entity with an active Florida registration.)	tered Agent's Signature: ed Agent. You must designate an individual or
The name and the Florida street address of the registered agent are	c .

Name

1415 Panther Lane, Suite 432

Florida street address (P.O. Box NOT acceptable)

 Naples
 FL
 34109

 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..

(CONTINUED)

ARTICLE IV-

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 MGR	M. Kevin Lawhon 13817 Callisto Ave. Naples. FL 34109	
MGR	Robert Joseph Poleo 11315 Fairfield Street Parkland, FL 33076	-
		SECRE 1714-
		TARY O
(Use attachment if necessary)		A I: 1 EE, FI
ARTICLE V: Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and the date of filing.) Note: If the date inserted in this block does not meet the a	l cannot be more than five business days prior to or	r 90 days after
the document's effective date on the Department of State's ARTICLE VI: Other provisions, if any. This limited liability company is a manager-managed limit	records.	
REQUIRED SIGNATURE:	100 C. sq	
This document is executed in acco	an authorized representative of a member. ordance with section 605.0203 (1) (b), Florida Statution submitted in a document to the Department of Sta	es.

constitutes a third degree felony as provided for in s.817.155, F.S.

Jeff Novatt, Esq., Authorized Representative

Typed 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)