# U12000039984

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(Address)
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(City/State/Zip/Phone #)
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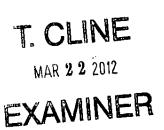




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SELFE TARY OF STATE
ALL MHASSEE, FLORIDA



# COVER LETTER,

TO:	Registration S Division of Co		.•		
SUBJE	CCT: SALE	-USA.COM, LLC.			
501,01		<del></del>	Liability Company		
The en	closed Articles o	f Organization and fee(s) are sub	bmitted for filing.		
Please	return all corresp	oondence concerning this matter	to the following:		
	Olgo Tur	utina			
	<u>Olga Tur</u>		ame of Person		
	SALE-US	SA.COM, LLC.			
		Fi	irm/Company		
	10135 G	ate Pkwy N. Apt 115	5		
			Address	,	
•	Jacksonvill	le, FL 32246			
		•	State and Zip Code		
-	aibogomolo	ov@gmail.com  E-mail address: (to be used for	future annual report notification)	drin Eu	
D C	4		•		
For tur	ther information	concerning this matter, please ca	all:		11 pro.
Alex	ey Bogomol	ov a	703 915-3657		1
	Name	of Person	Area Code & Daytime Telep	phone Number	***
Enclos	sed is a check for	or the following amount:		TAIS DANDA	
\$125.00	Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C		

Tallahassee, FL 32301

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

A	RT	ICI	Æ. I	[ _ ]	Nam	e:
$\boldsymbol{\Box}$			414 1		1411	

The name of the Limited Liability Company is:

Jacksonville

## SALE-USA.COM, 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:		
Olga Turutina 10135 Gate Pkwy N. Apt 115 Jacksonville, FL 32246	Olga Turutina 10135 Gate Pkwy N. Apt 115 Jacksonville, FL 32246		
	egistered Office, & Registered Agent's Signates own Registered Agent. You must designate an individual or and	other 22	***
The name and the Florida street address	ss of the registered agent are:	- 140 <u>.</u>	#4 ***
Alexey Bogomo	olov Ho		
	Name The Control of t		- · ·
10135 Gate	Pkwy N. Apt 115		***
Florid	a street address (P.O. Box <u>NOT</u> acceptable)	<del></del>	

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 608, F.S.

City, State, and Zip

Registered Agent's Signature (REQUIRED)

(CONTINUED)

#### ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Iga Turutina D135 Gate Pkwy N. Apt 115 acksonville, FL 32246  f filing: 4/1/2012 fic and cannot be more than five b	
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Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

### Olga Turutina

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)