

Division of Corporations 15:07

From: FL 1

JOSEF STRAUSS

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H15000151143

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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

15 SEP -9 PM 12:07
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: robertjcaputo@mac.com

RECEIVED
15 SEP -9 PM 3:58
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.
IBR Ventures, LLC**

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

SEP 10 2015

S. GILBERT

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY: 15 SEP -9 PM 12:07

ARTICLE I - Name:

The name of the Limited Liability Company is:

IBR Ventures, 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:c/o Robert J. Caputo9500 South Ocean Drive Apt 1006Jensen Beach, FL 34957c/o Robert J. Caputo9500 South Ocean Drive Apt 1006Jensen Beach, FL 34957

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:

Registered Agents Legal Services, LLC

Name:

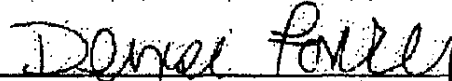
155 Office Plaza Drive, Suite AFlorida street address (P.O. Box **NOT** acceptable)TallahasseeFL32301

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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Shawn P. Rogers

9500 South Ocean Drive Apt 1006

Jensen Beach, FL 34957

AMBR

Robert J. Caputo

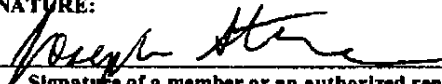
9500 South Ocean Drive Apt 1006

Jensen Beach, FL 34957

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.**ARTICLE VI:** Other provisions, if any.**REQUIRED SIGNATURE:**

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Joseph Strauss

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)

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