

Florida Department of State  
Division of Corporations  
Electronic Filings

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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: rcaputo@ibrventures.com

**FLORIDA LIMITED LIABILITY CO.  
416 CONSULTING LLC**

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

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**S. GILBERT**

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12/21/2015 16:00

From: LLC 1

JOSEF STRAUSS

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

416 CONSULTING 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:

9500 South Ocean Drive Apt 1006

Jensen Beach, FL 34957

#### Mailing Address:

274 Madison Ave 19th Fl, Suite 1900

New York, NY 10016

### 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:

Robert J Caputo

Name

9500 South Ocean Drive Apt 1006

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

Jensen Beach

FL 34957

City

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.*

DocuSigned by:



45E90846F734477

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:**

Robert J Caputo

274 Madison Ave 19th Fl, Suite 1900

New York, NY 10016

MGR

Shawn Rogers

C/O STAR ANGELS, LLC

274 Madison Ave, 19th FL, NY NY 10016

MGR

Justin Humphries

C/O STAR ANGELS, LLC

274 Madison Ave, 19th FL, NY NY 10016

(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:**

Designed by:



45C00045C004477

**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.

Robert J Caputo

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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