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COVER LETTER

TO:	Registration Section Division of Corporations
QUID IE	U.S. Victory Advisory LLC
SUBJE	Name of Limited Liability Company
The en	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Bing Wang
	Name of Person
	Firm/Company
	257 Portstewart Dr
	Address
	Orlando, FL 32828
	City/State and Zip Code usvictoryadvisory@gmail.com
	E-mail address: (to be used for future annual report notification)
For furth	er information concerning this matter, please call:
	Bing Wang 850 420-3976
	Name of Person Area Code Daytime Telephone Number
Enclos	ed is a check for the following amount:
\$125.0	0 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

' ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ADTICLE I Name

The name of the Limited Liability	Company is:	
	our party is:	
U.S. Victory Advisory	/ LLC	
		lity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street ad-	dress of the principal office o	of the Limited Liability Company is:
<u>Principa</u>	l Office Address:	Mailing Address:
257 Portstewart Dr, O	rlando, FL 32828	257 Portstewart Dr, Orlando, FL 32828
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an ac The name and the Florida street a	cannot serve as its own Registration.)	stered Agent. You must designate an individual or
	Bing Wang	
	Nan	ne
	257 Portstewart Dr	
	Florida street address (P.O	Box NOT acceptable)

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..

FL

State

Orlando

City

Registered Agent's Signature (REQUIRED)

32828

Zip

Page 1 of 2

(CONTINUED)

	Name and Address: uthorized Member	
"MGR" = Ma MGR	nager Bing Wang	
WGK	257 Portstewart Dr	
	Orlando, FL 32828	
		
	<u> </u>	
(Use attachme	ent if necessary)	
the date of filing.) Note: If the date inser	listed, the date must be specific and cannot be more than five business days prior to or 90 days after the distribution of the date will not be listed to the Department of State's records. To visions, if any.	
REOUIRED	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.	
	communica a mina degree terony as provided for mentor revolution	
	Bing Wang	
	Typed or printed name of signee	
	Filing Fees:	

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

ARTICLE IV-

Page 2 of 2

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

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