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 : (718)408-2550 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

leyden@fulanoinc.com Email Address:

FLORIDA LIMITED LIABILITY CO.

Fulano Holdings LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu

Help

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Fulano Holdings LLC		iability Company, "L.L.C.," or "LLC.")	
ARTICLE II - A	ddress:	e principal office of the Limited	Liability Company is:
Principal Office	Address:	Mailing Address:	, , ,
81 NE 48TH STREE	ET	81 NE 48TH STREET	
MIAMI. FL 33137		MIAMI, FL 33137	
(The Limited Liability to business entity with ar		ered Office, & Registered Agen egistered Agent. You must designate an income registered agent are:	
	Name		15 ASS
	81 NE 48TH STREET		May R
	Florida street address (P.O. Box NOT acceptable)		
	riorida street address ()	1.0. Box 1101 acceptance	2: (
	MIAMI	FL 33137	2: 22 7: 23
			12: 22 FLORIDA

/s/ LEYDEN RODRIGUEZ

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV-

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

	Title:	Name and Address:			
	"AMBR" = Authorized Member				
	"MGR" = Manager				
	MGR	81 NE 48TH STREET			
		MIAMI, FL 33137			
			一 一 親 の 、		
	AMBR	Frances Trombly	5		
		81 NE 48TH STREET	137-1		
		MIAMI, FL 33137			
			700		
			<u>a.</u> 2		
					
					
					
					
((Use attachment if necessary)				
ARTI	CLE V: Effective date, if other than the	ne date of filing:	(OPTIONAL)		
	effective date is listed, the date mus				
	00 days after the date of filing.)	t be specific and cannot be more	than five business days pric		
	If the date inserted in this block does not meet	the applicable statutory filing requireme	ents, this date will not be listed as t		
	ent's effective date on the Department of State		ins, this date will not be risted as a		
ARTI	CLE VI: Other provisions, if any.				
	eas var sam provision, many				
					
	·				
	REQUIRED SIGNATURE:				
		EN RODRIGUEZ			
		er or an authorized representati			
	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.

LEYDEN RODRIGUEZ

Typed or printed name of signee

Filing Fees

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 5.00 Certificate of Status (Optional) \$ 30.00 Certified Copy (Optional)

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