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Fax Number

: (850)617-6381

From:

Account Name : USACORP INC. Account Number : 120130000019 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: francesca.simon@gmail.com

FLORIDA LIMITED LIABILITY CO.

Francesca C. Simon LLC

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JAN - 9 2019

ARTICLESO	FORGANIZATI	ON FOR FLORIDA	LIMITED LIAI	BILITY CO)MP/	۱NY
ARTICLE I - Na	ime:					
The name of the l	Limited Liability Co	ompany is:				
Francesca C. Simon						
(1)	lust end with the words "I	Limited Liability Company, "	L.L.C.," or "LLC.")			
ARTICLE II - A The mailing addre		ss of the principal offi	ce of the Limited	Liability Co	mpan	y is:
Principal Office	Address:	Mailing .	Address:			
2340 Old Bradenton	Road Apt. #3	2340 Old I	Bradenton Road Apt.	#3		
Sarasota, FL 34234		Sarasota, F	L 34234			
business entity with ar	he Limited Liability Company cannot serve as its own Registered Agent. You must designate an usiness entity with an active Florida registration.) he name and the Florida street address of the registered agent are: Francesca C. Simon Name			SECRETARY FALLAHASSEF	2019 JAN -8	
			acceptable)	12	<u> </u>	
	Sarasota	F1_342	:34	3 14.7 1 034.7	AM 9: 21	
	Ci	ty	Zip	·	თ	
liability com registered agen statutes relatii	pany at the place do t and agree to act in ig to the proper and	gent and to accept sersignated in this certific this capacity. I furthe complete performance ition as registered age	cate, I hereby accept agree to comply of my duties, and	ot the appoir with the prov Lam familia	ilmeni vision: with	t as s of a i and
	_/s/ Francesca C	. Simon gent's Signature (REC	VI (ID ED)			
	Kegistered A	sem 2 Signature (REC	(OIKED)			

(CONTINUED)

Page 1 of 2

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

<u>Title:</u>	Name and Address:		
"AMBR" = Authorized Member			
"MGR" = Manager			
AMBR	Francesca C. Simon		
	2340 Old Bradenton Road Apt. #3	-	
	Sarasota, FL 34234	-	
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		-	
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(Use attachment if necessary)			
document's effective date on the Department of State's	the applicable statutory filing requirements, this date will no s records.	2019	ted as the
ARTICLE VI: Other provisions, if any.	ARE HA	JAN	=
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•		<u> </u>	
REQUIRED SIGNATURE:	Ξ_{ψ}	<u>ب</u>	\cup
REQUIRED SIGNATORE.			
/s/ Francesca C.	Simon	26	
	r or an authorized representative of a member.	-	
This document is executed in ac I am aware that any false inform	coordance with section 605.0203 (1) (b), Florida Statutes, ation submitted in a document to the Department of State as provided for in s.817,155, F.S.		
Francesca C, Simon			
Tvi	ped or printed name of signee		
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