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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : USACORP INC. Account Number : I20130000019 Phone : (718)362-4789 : (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.

Michael@cleeman.com Email Address:

FLORIDA LIMITED LIABILITY CO.

MC Riverbend LLC

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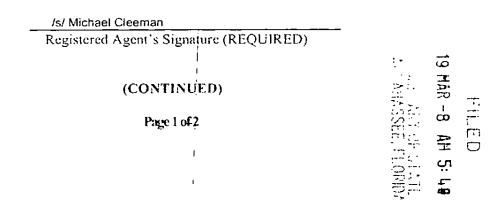
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ARTICLES OF ORGANIZATION FOR FL	ORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	1
MC Riverbend LLC	Colored I C Transl C T
(Must end with the words "Limited Liability (company. "C.L.C., or "ELC.)
ARTICLE II - Address: The mailing address and street address of the princ	cipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
16485 Collins Avenue Tower 3 Apr. WS-3C	16485 Collins Avenue Tower 3 Apt; WS-3C
Sunny Isles Beach, FL 33160	Sunny Isles Beach, FL 33160
	I .
ARTICLE III - Registered Agent, Registered O (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.) The name and the Florida street address of the reg	d Agent. You must designate an individual or another
Michael Cleeman	
Name	1
16485 Collins Avenue Tower 3 Apt	: _{IWS-3C}
Florida street address (P.O. B	
Sunny Isles Beach	FL 33160
City	Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	ccept service of process for the above stated limite is certificate. I hereby accept the appointment as I further agree to comply with the provisions of commance of my duties, and I am familiar with and tered agent as provided for in Chapter 605, F.S



Mar 08, 2019 12:30 PM To: 18506176381 Page 3/3 From E	lectronic Fax Server	
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ARTICLE IV-		
	n authorized to manage and control the Limited Liability	
Company:	, -	
	1	
Title:	Name and Address:	
"AMBR" = Authorized Member "MGR" = Manager	!	
AMBR	Michael Cleeman	
	16485 Collins Avenue Tower 3 Apt: WS-3C	
	Sunny Isles Beach, FL 33160	
	1	
		
	1	
		
(Harris Alexand Consum A		
(Use attachment if necessary)		
·	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior	
to or 90 days after the date of filing.)		
document's effective date on the Department of State	the applicable statutory filing requirements, this date will not be listed as the s records.	
	1	
ARTICLE VI: Other provisions, if any.		
		
		
· · · · · · · · · · · · · · · · · · ·		
<u>REQUIRED</u> SIGNATURE:		
/s/ Michael Cle	erman	
	er or an authorized representative of a member.	
This document is executed in a 1 am aware that any false inform	pactordance with section 605 0203 (1) (b), Florida Statutes, pation submitted in a document to the Department of State yas provided for in s.817.155, F.S.	
Michael Cleeman	Anti	
Ty	ped or printed name of signee	
	Filing Fees	
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent		
S 30.00 Certified Copy (Optional) S 5.00 Certificate of Status (Optional) Page 2 of 2		