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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

FILED

OCT 2.8 2019

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Law Offices of Mark R. Komray, Esq., PLLC

Attorney & Counselor at Law 1882 N. Tamiami Trail #3434 Fort Myers, Florida 33918 24/7 Reception: 239-330-2937 & E-Mail: mrk@komraylaw.com

Admitted to Practice: Florida & Georgia Supreme Court of United States of America Florida Supreme Court Certified County & Civil Mediator

October 7, 2019 Via FedEx: 7766 0022 8535

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

850-245-6052

Re: Filing of Article of Organization

Dear Staff:

Enclosed is a duly completed and singed Articles of Organization of a new Florida Limited Liability Company, named: "U.S. Discount Supply, LLC".

Also enclosed in a check drawn on my firm's operating account and made payable to the Florida Department of State in the amount of \$130.00 representing the corresponding statutory \$125.00 Filing Fee and \$5.00 Certificate of Status.

Please direct any inquiries you may have regarding these matters to my attention, via e-mail address mrk(a komravlaw.com.

Respectfully Submitted:

Mark R. Komray, Esgl

enc: As Stated cc; Client & File

COVER LETTER

	New Filing Section Division of Corporations			
ello tez:	U.S. Discount Supply LLC			
SUBJEC	Γ:Name of I	Limited Liabilit	y Company	
The enclo	sed Articles of Organization and fee(s)	are submitted f	or filing.	
Please ret	urn all correspondence concerning this	matter to the fo	llowing:	
	Mark R. Komray, Esq.			
		Name of F	'erson	
	Law Offices of Mark R. Komray, I	Esq., PLLC		
		Firm/Con	ipany	
	!88s N. Tamiami Trail, #3434			
		Addre	is	
	Fort Myers, FL 33918			
	mrk@komraylaw.com	City/State and	Zip Code	
	E-mail address: (to be us	ed for future an	nual report notification	on)
For further	information concerning this matter, ple	ase call:		
	Mark R. Komray, Esq.	239	330-2937	
	Name of Person	Area Code	Daytime Telephone	Number
Enclosed	is a check for the following amount:			
	Filing Fee S130.00 Filing Fee & Certificate of Status	Certifie	Filing Fee & Language	\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314	Γ. C	treet Address New Filing Section Division of Corporatio Hifton Building 661 Executive Cente	

Tallahassee, FL 32301



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	R"	П	CI	.F.	! -	Na	me:

The name of the Limited Liability Company is:

U.S. Discount Supply, LLC

(Must contain 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:

Mailing Address:

9244 Mercato Way	9244 Mercato Way
Naples, FL 34108	Naples, FL 34108
	

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:

Law Offices of Mark R. Komray, Esq., PLLC		
	Name	
1882 N. Tamiami Trai	l, #3434	
Florida street addr	ess (P.O. Box <u>NOT</u> ac	cceptable)
Fort Myers,	FL	33918
City	State	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..

Registered Agent's Signature (RHQUIREI

(CONTINUED)

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SECRETARY OF STATE

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Title: Name and Address: "AMBR" = Authorized Member "MGR" = Manager Elliott Singer 9244 Mercato Way Naples, FL 339108 MGR Timothy G. Youngquist 15465 Pine Ridge Road Fort Myers, FL 33908 (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:

Signature of a member of 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.

Mark R. Komray, Esq.

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)