Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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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 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: yzues@hotmail.com

\_\_\_

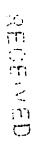
## FLORIDA LIMITED LIABILITY CO. Boynton ALF Holding LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu

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Help



## ARTICLE I - Name:

The name of the Limited Liability Company is:

Boynton ALF Holding LLC

(Must end with 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:

## 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 organishment business entity with an active Florida registration.) The name and the Florida street address of the registered agent are:

Registered Agents Legal Services, LLC
Name

155 Office Plaza Drive, Suite A
Florida street address (P.O. Box <u>NOT</u> acceptable)

TallahasseeFL32301CityStateZip

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..

/s/ Denise Fowler

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

020 HAR -5 PM 3:

Mailing Address:

(((H20000074559 3)))

Title:		Name and Address:
"AMBR" = A "MGR" = Ma	uthorized Member	
AMBR		Yosef Farkas
		2701 Ave. J
		Brooklyn, NY 11210
AMBR		Jeffrey Arem
-		1146 E. 23rd St
		Brooklyn, NY 11210
	<del></del>	
	<del></del>	
an effective date is i date of filing.)	listed, the date must be specific	ng: (OPTIONAL) and cannot be more than five business days prior to or 90 days after ne applicable statutory filing requirements, this date will not be listed as
	ve date on the Department of Sta	
RTICLE VI: Other p	rovisions, if any.	
REOUIRED	SIGNATURE: /s/ Jeffrey Arem	
	This document is executed in I am aware that any false infor	or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes, mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.
	Jeffrev Arem	
		ped or printed name of signec

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)