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.

Electronic Filing Cover Sheet

(((H20000143659 3)))



H200001436593ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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: Bentzy@pdihealth.com

FLORIDA LIMITED LIABILITY CO. PDI Health FL LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Α	R	П	CI	.E.	I -	Na	me:

The name of the Limited Liability Company is:

PDI Health FL 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:

Mailing Address:

12 Spencer Street	12 Spencer Street
Brooklyn, NY 11205	Brooklyn, NY 11205

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:

	Name	
6303 Blue Lagoon E	Drive, Suite 400	
Florida street addres	ss (P.O. Box <u>NOT</u> ac	rceptable)
N.C	FI.	33126
Miami		

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/ Menachem Tauber

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page Lof 2

2023 MAY 14 AM 11: 11

(((#20000143650-21

ARTICLE IV-

"AMBR" = Authorized Member	Name and Address:		
"NICD" - NI			
"MGR" = Manager AMBR	Menachem Tauber		
	198 Skillman Street		
	Brooklyn, NY 11205		
AMBR	Fredrick Tauber		
	3 Maple Leaf Rd		
	Monsey, NY 10952	<del></del>	
		<del></del>	
(Use attachment if necessary)			
(000 4			
ICLE V: Effective date, if other than the date of filing	g:	L)	
	nd cannot be more than five business days prior t	to or 90	days atte
ate of filing.)  1. If the date inserted in this block does not meet the document's effective date on the Department of State		will not	be listed
ate of filing.)  If the date inserted in this block does not meet the document's effective date on the Department of State		will not	be listed
ate of filing.)  If the date inserted in this block does not meet the locument's effective date on the Department of State ICLE VI: Other provisions, if any.	's records.	will not	be listed
ate of filing.)  :: If the date inserted in this block does not meet the locument's effective date on the Department of State ICLE VI: Other provisions, if any.		will not	be listed
ate of filing.)  11 If the date inserted in this block does not meet the document's effective date on the Department of State ICLE VI: Other provisions, if any.	's records.	will not	be listed
ate of filing.)  11 If the date inserted in this block does not meet the document's effective date on the Department of State ICLE VI: Other provisions, if any.	's records.	<u> </u>	be listed
ate of filing.)  If the date inserted in this block does not meet the locument's effective date on the Department of State ICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:	's records.	will not	De listed
ate of filing.)  11 If the date inserted in this block does not meet the document's effective date on the Department of State ICLE VI: Other provisions, if any.	's records.	<u> </u>	be listed

Filing Fees:

Typed or printed name of signee

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

\$ 5.00 Certificate of Status (Optional)

Menachem Tauber

Page 2 of 2