6/18/2020

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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: mendelfischer@gmail.com

SECRETARY OF STATI

FLORIDA LIMITED LIABILITY CO. MAZAL PARTNERS REALTY LLC

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

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Corporate Filing Menu

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|---|---|--|--|---|--|
| : ARTICLES | OF ORGANIZATION FOR FL | ORIDA LIMIT | ED LIABILITY COMPARYJUN 18 AM | : | |
| ARTICLE 1 - Name: The name of the Limited Liab | oility Company is: | | SECRETARY OF TALLAHASSEE | | |
| | ERS REALTY LLC | | | | |
| (Must cr | nd with the words "Limited L | iability Compa | any, "L.L.C.," or "LLC.") | | |
| ARTICLE II - Address: The mailing address and stree | et address of the principal offic | ce of the Limi | ted Liability Company is: | | |
| <u>Princ</u> | cipal Office Address: | | Mailing Address: | | |
| North Miami Beach, Fl 33162 | | | North Miami Beach, Fl 33162 | | |
| | | - | | _ | |
| ARTICLE III - Registered / (The Limited Liability Compo another business entity with a The name and the Florida stre | any cannot serve as its own Roan active Florida registration. | egistered Agei | gent's Signature: nt. You must designate an individual or | _ | |
| (The Limited Liability Compa another business entity with a | any cannot serve as its own Roan active Florida registration. | egistered Agei | | | |
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| (The Limited Liability Compa another business entity with a | eny cannot serve as its own Roma active Florida registration. eet address of the registered as Chana Fischer | egistered Ager | nt. You must designate an individual or | | |
| (The Limited Liability Compa another business entity with a | eny cannot serve as its own Roan active Florida registration. Chana Fischer 1001 NE 176th Terrace | egistered Ager | nt. You must designate an individual or | _ | |

he 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/ Chana Fischer | |
|---|---|
| Registered Agent's Signature (REQUIRED) | _ |

(CONTINUED)

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ARTICLE IV-

| Title: "AMBR" = Auth "MGR" = Manag | | Name and Address: |
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| (Use attachment | if necessary) | |
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