From: 17184082550 To: 18506176381

1/7/2021

Division of Corporations

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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.

ajoudai@affinityhealthmanagement.com Email Address:

FLORIDA LIMITED LIABILITY CO.

Affinity Global Management LLC

| Certificate of Status | 0 |
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| Certified Copy | 0 |
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Libited Liability Company is:

Affinity Global Management 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:

7771 W. Oakland Park Blvd., Suite 150 Sunrise FL 33351-6705 2302 Quentin Road Brooklyn, NY 11229

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

7771 W. Oakland Park Blvd., Suite 150

Florida street address (P.O. Box NOT acceptable)

 Sunrise
 FL
 33351-6705

 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..

/S/ Samuel Stern

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page Lof 2

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| MGR" = Manager MBR Samuel Stern 975 E 24th St Brooklyn, NY 11210 The Stern Eamily 2019 Trust 1273 Medina Ct Lakewood, NJ 08701 V: Effective date, if other than the date of filing: (OPTIONAL) tive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.) ne date inserted in this block does not meet the applicable statutory filing requirements, this date will not ent's effective date on the Department of State's records. VI: Other provisions, if any. EOURED SIGNATURE: /S/ Samuel Stern Signature of a member or 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. | itle: | Name and Address: |
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