From: 17184082550 To: 18506176381



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 : 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: ____Thelefkogroup@gmail.com

FLORIDA LIMITED LIABILITY CO.

Powerhouse Supplies LLC

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

Powerhouse Supplies 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:

3737 Indian Creek Dr., Apt 407	1637 43rd Street
Miami, FL 33140	Brooklyn, NY 11204

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:

Registered Agents L	egal Services, LLC	
	Name	
155 Office Plaza Dr	ive, Suite A	
Florida street addres	ss (P.O. Box <u>NOT</u> ac	cceptable)
Tallahassee	FL	32301
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/ Michael Ashley	
Registered Agent's Signature (REQUIRED)	

(CONTINUED)

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<u>Title:</u> "AMBR" = Au	thorized Member	Name and Address:	
"MGR" = Man	ager		
AMBR		Herman Letkowitz 1637 43rd Street, 3rd floor	
		Brooklyn, NY 11204	
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