4/19/2021



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	:	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.

FLORIDA LIMITED LIABILITY CO.

Bourbon Brothers Trading 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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Bourbon Brothers Trading 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:
12403 Upper Harden Avenue	12403 Upper Harden Avenue
Orlando, FL 32827	Orlando, FL 32827

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own another business entity with an active Florida registration		r'ou must designate an indiv	ridual or ALLAIL	921 AU	1
The name and the Florida street address of the registered agent are:					
Timothy E. Gillooly			ריז⊶ ריז	•-	5 . 1
	Name		- TI -	2	1 1
12403 Upper Harden Avenue					CI
Florida street addres	Florida street address (P.O. Box NOT acceptable)			5	
Orlando	FL	32827	D/\		Ì
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/ Timothy E. Gillooly

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager <u>"AMBR"</u>	Timothy E. Gillooly 12403 Upper Harden Avenue Orlando, Fl. 32827	
,	A	
		•
(Use attachment if necessary)		

ARTICLE V: Effective date, if other than the date of filing: _______. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

/S/ Timothy E. Gillooly

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.

Timothy E. Gillooly

Typed or printed name of signce

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)

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