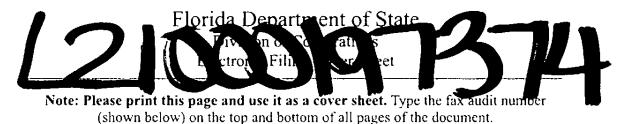
**Division of Corporations** 



(((H210001802313)))

H210001802313ABCS

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: \_\_\_\_aron@mullercpa.com

## FLORIDA LIMITED LIABILITY CO. 8950 HARDING AVE LLC

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

Electronic Filing Menu Corporate Filing Menu

Help

From: 17184082550 To: 18506176381

(((H210001802313)))

ARTICLESOF	ORGANIZATION FOR	FLORIDALIMITED	LIABILITY COMPANY
ARTICLE I - Name:			·
The name of the Limited Liability	Company is:		
8950 HARDING AV	E LLC		
		l Liability Company	, "L.L.C" or "LLC.")
ARTICLE II - Address:			
The mailing address and street ad	dress of the principal c	office of the Limited	Liability Company is:
n	1050 411		N. C
Principa	l Office Address:		Mailing Address:
9525 CARLYLE AV			S 12TH AVENUE, SUITE 100
SURFSIDE, FL 3315	4	BRC	OOKLYN, NY 11219
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its own	Registered Agent.	nt's Signature: You must designate an individual or
The name and the Florida street a	ddress of the registered	d agent are:	
	DALIT TESHUBA		
		Name	
	9525 CARLYLE AV	/ENUE	
	Florida street addres	s (P.O. Box <u>NOT</u> a	eceptable)
	SURFSIDE	FL	33154
	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/ DALIT TESHUBA Registered Agent's Signature (REQUIRED)

> > (CONTINUED)

Page 1 of 2

(((H210001802313)))

Title:		Name and Address:
	= Authorized Member	
"MGR" = 1	Manager	DALES TROUBLE
"AMBR"		DALIT TESHUBA 9525 CARLYLE AVENUE
		SURFSIDE, FL 33154
		001010111111111111111111111111111111111
"AMBR"		OFER SHAKED STEKLER
		501 MONGTOMERY STREET
		BROOKLYN, NY 11225
EV: Effec	nment if necessary)  tive date, if other than the c is listed, the date must be	late of filing: (OPTIONAL)
EV: Effect ective date of filing.) the date in ment's effe	stive date, if other than the c is listed, the date must be serted in this block does no ctive date on the Departme	specific and cannot be more than five business days prior to or 90 ot meet the applicable statutory filing requirements, this date will not
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EV: Effective date of filing.) The date in ment's effe	stive date, if other than the cois listed, the date must be serted in this block does notive date on the Department provisions, if any.  ED SIGNATURE:  /S/ DALIT TESH  Signature of a This document is exert am aware that any feet.	specific and cannot be more than five business days prior to or 90 ot meet the applicable statutory filing requirements, this date will no ent of State's records.
EV: Effective date of filing.) The date in ment's effe	stive date, if other than the cois listed, the date must be serted in this block does notive date on the Department provisions, if any.  ED SIGNATURE:  /S/ DALIT TESH  Signature of a This document is exert am aware that any feet.	ot meet the applicable statutory filing requirements, this date will not ent of State's records.  UBA  member or an authorized representative of a member, ecuted in accordance with section 605.0203 (1) (b), Florida Statutes, alse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.

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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)