Division of Corporations

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

: (850)617-6381 Fax Number

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.

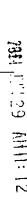
Email Address: jbohor@gmail.com

FLORIDA LIMITED LIABILITY CO. ROSSMAN RESIDENTIAL LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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From: 17184082550 To: 18506176381

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ROSSMAN RESIDENTIAL 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:

396 ALHAMBRA CIRCLE, S900	396 ALHAMBRA CIRCLE, S900
CORAL GABLES, FL 33134	CORAL GABLES, FL 33134
	·

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 I	egal Services, LLC	
	Name	
155 Office Plaza Dr	ive, Suite A	
Florida street addre	ss (P.O. Box <u>NOT</u> ac	eceptable)
Tallahassee	FL	32301
City	State	Zip

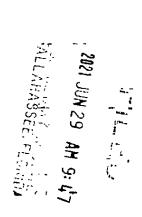
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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)

Page 1 of 2



From: 17184082550 To: 18506176381

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MBR" = Authorized Member GR" = Manager MBR"	
MBR"	
	JONATHAN BOHORODZANER
	396 ALHAMBRA CIRCLE, \$900
	CORAL GABLES, FL 33134
N 1755''	DALIA BOHORODZANER
MBR"	396 ALHAMBRA CIRCLE, S900
	CORAL GABLES, FL 33134
	CORAL GABLES, LE 33-134
MBR"	SHARON BOHORODZANER
	396 ALHAMBRA CIRCLE, S900
	CORAL GABLES, FL 33134
MBR"	ARIEL BOHORODZANER
	396 ALHAMBRA CIRCLE, S900
	CORAL GABLES, FL 33134
ve date is listed, the date must be speci ling.)	f filing: (OPTIONAL) ific and cannot be more than five business days prior to or 9
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Page 2 of 2

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)

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ATTACHMENT

Continued Article IV...

<u>Title:</u> Name and Address:

"AMBR" LIDIA BOHORODZANER

396 ALHAMBRA CIRCLE, S900

CORAL GABLES, FL 33134