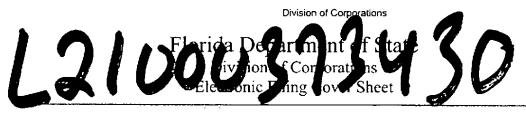
8/19/2021



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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

Email Address: JARED.S.ABRAMS@GMAIL.COM

## FLORIDA LIMITED LIABILITY CO. RESEA FL LLC

annual report mailings. Enter only one email address please.\*\*

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

RESEA FL 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:

5470 LA GORCE DRIVE5470 LA GORCE DRIVEMIAMI BEACH, FL 33140MIAMI BEACH, FL 33140

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:

JARED ABRAMS		
	Name	-
5470 LA GORCE DR	UVE	
Florida street address	(P.O. Box NOT ac	cceptable)
MIAMI BEACH	FL	33140
City	State	Zin

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/JARED ABRAMS

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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(((H21000311863 3)))

"MGR" = M	Authorized Member lanager	Name and Address:
"AMBR"		JARED ABRAMS
		5470 LA GORCE DRIVE
		MIAMI BEACH, FL 33140
<u> </u>		
	<del></del>	
EV: Effective date is	usted, the date must be spec	f filing: (OPTIONAL)  ific and cannot be more than five business days prior to or 90 d
EV: Effective date is of filing.) the date insenent's effect	we date, if other than the date of listed, the date must be spect rted in this block does not me live date on the Department of provisions, if any.	office and cannot be more than five business days prior to or 90 detection of the applicable statutory filing requirements, this date will not be
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Page 2 of 2