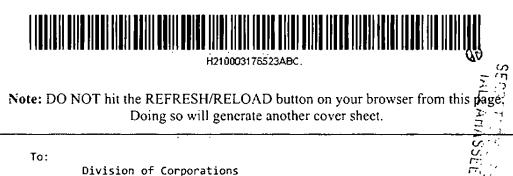
Division of Corporations Electronic Filing Cover Sheet

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.

(((H21000317652 3)))



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.

Email Address: Marceladafna@yahoo.com

FLORIDA LIMITED LIABILITY CO.

SF 1407-11 North LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

08/24/2021 15:04 17184082550 From: 17184082550 To: 18506176381 (((H210003176523)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SF 1407-11 North 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:

City

<u>Principa</u>	l Office Address:		Mailing Ad	dress:		
213 Holiday Drive		_ 2	3 Holiday Drive			
Hallandale Beach, FL	. 33009	<u>H</u>	aliandale Beach, FL 3300)9		
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an ac The name and the Florida street a	cannot serve as its own Rective Florida registration.	egistered Agen)		TALLAHA	2021 AUG 21	""]
	3	Vaine		SSE	+	
	213 Holiday Drive			[F.]	PH	
	Florida street address (P.O. Box <u>NOT</u>	acceptable)	7	 5	O
	Hallandale Beach	FL	33009		0	

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..

State

/S/ Marcela Dafna Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page Lof2

ARTICLE IV-

(((H210003176523)))

	Name and Address:
"AMBR" = Authorized Men	ber
"MGR" = Manager	
"AMBR"	Marcela Dafna
	213 Holiday Drive
	Hallandale Beach, FL 33009
(Use attachment if necessary CLE V: Effective date, if other t	
CLE V: Effective date, if other the effective date is listed, the date ate of filing.) If the date inserted in this block ocument's effective date on the Include the Include of the Include	must be specific and cannot be more than five business days prior to or 90 days at a does not meet the applicable statutory filing requirements, this date will not be listed bepartment of State's records.
ICLE V: Effective date, if other to effective date is listed, the date ate of filing.) If the date inserted in this block ocument's effective date on the ICLE VI: Other provisions, if any	must be specific and cannot be more than five business days prior to or 90 days at a does not meet the applicable statutory filing requirements, this date will not be listed bepartment of State's records.
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ICLE V: Effective date, if other to effective date is listed, the date ate of filing.) If the date inserted in this block ocument's effective date on the ICLE VI: Other provisions, if any REQUIRED SIGNATURE /S/ Marcel Signat This document arm aware the service of the se	must be specific and cannot be more than five business days prior to or 90 days at a does not meet the applicable statutory filing requirements, this date will not be listed Department of State's records.
ICLE V: Effective date, if other to effective date is listed, the date ate of filing.) If the date inserted in this block ocument's effective date on the ICLE VI: Other provisions, if any REQUIRED SIGNATURE /S/ Marcel Signat This document arm aware the constitutes a	must be specific and cannot be more than five business days prior to or 90 days at a does not meet the applicable statutory filing requirements, this date will not be listed bepartment of State's records. Balance Bala
ICLE V: Effective date, if other to effective date is listed, the date ate of filing.) If the date inserted in this block ocument's effective date on the ICLE VI: Other provisions, if any REQUIRED SIGNATURE /S/ Marcel Signat This document arm aware the constitutes a	must be specific and cannot be more than five business days prior to or 90 days at a does not meet the applicable statutory filing requirements, this date will not be listed bepartment of State's records. Balance a Dafna ure of a member or an authorized representative of a member, and is executed in accordance with section 605.0203 (1) (b), Florida Statutes, and any false information submitted in a document to the Department of State third degree felony as provided for in s.817.155, F.S.

Page 2 of 2

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