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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.

Email Address: sfridman5@gmail.com

FLORIDA LIMITED LIABILITY CO.

593 East 17th Florida LLC

Certificate of Status	0		
Certified Copy	0		
Page Count	02		
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

593 East 17th Florida 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:

Mailing Address:

2030 South Ocean Drive, Apt. 1205 Hallandale Beach, FL 33009 2030 South Ocean Drive, Apt. 1205 Hallandale Beach, FL 33009

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:

Simkha Fridman		
	Name	
2030 South Ocean Dr	ive, Apt. 1205	
Florida street address	(P.O. Box <u>NOT</u> ac	rceptable)
Hallandale Beach	FL	33009
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/ Simkha Fridman

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

2021 SEP 27 PM 2: 16

(((H210003398293)))

ARTICLE I' The name and		zed to manage and control the Limited Liability Co	mpany:			
<u>Title;</u> "AMBR" = A	authorized Member	Name and Address:				
"MGR" = Ma		Circulation Projection				
AMBR	- 	Simkha Fridman				
		2030 South Ocean Drive, Apt. 1205 Hallandale Beach, FL 33009				
		Translidate Beach, LE 33009				
- -						
						
						
	-					
(Use attachm	ent if necessary)					
the date of filing.) Note: If the date inser	ted in this block does not meet we date on the Department of So	ling: (OPTION or and cannot be more than five business days prior the applicable statutory filing requirements, this datate's records.				
						
REOUIRED	SIGNATURE:					
	/S/ Simkha Fridman					
	This document is executed in I am aware that any false info	er or an authorized representative of a member, in accordance with section 605.0203 (1) (b), Florida primation submitted in a document to the Department only as provided for in s.817.155, F.S.				
	Cimbba Esidman					
	Simkha Fridman Ty	yped or printed name of signee				
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	ing ree for Articles of Organi rtified Copy (Optional)	zation and Designation of Registered Agent	<u> </u>	\sim		

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\$ 5.00 Certificate of Status (Optional)



September 21, 2021

FLORIDA DEPARTMENT OF STATE Division of Corporations

USACORP INC.

SUBJECT: 593 EAST 17TH FLORIDA LLC

REF: W21000127048

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

It is advisable to list at least one person in Article IV. Especially the individual opening up a bank account for the LLC.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

DANIEL L O'KEEFE Regulatory Specialist II FAX Aud. #: H21000339829 Letter Number: 721A00022762