**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.

(((H210004068583)))



H210004068583A8C1

**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: parklight33@gmail.com

## FLORIDA LIMITED LIABILITY CO. BETTER OPTIX GROUP, LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ART	ICI	LE I	- ?	Same:
-----	-----	------	-----	-------

The name of the Limited Liability Company is:

## BETTER OPTIX GROUP, 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:

<u>Pri</u>	ncipal Office Address:		Mailing Addr	ess: 😕 🖫
19046 Bruce B.	Downs Blvd.	190	46 Bruce B. Downs Blvd.	<u> </u>
Tampa, FL 336-	17	Tar	npa, FL 33647	
				<del></del>
(The Limited Liability Com another business entity with	A Agent, Registered Office, pany cannot serve as its own an active Florida registration treet address of the registere  Levi Vogel	n Registered Agent. on.)		dividual or E
		Name		
	9507 NW 38th Stree	et .		
	Florida street addres	ss (P.O. Box <u>NOT</u> :	acceptable)	
	Coral Springs	FL	33065	
	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/ Levi Vogel

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

(((H210004068583)))

(((H21000406858 3)))

Title:		Name and Address:
AMBR = A	Authorized Member	
"MGR" = M:	anager	ACTIVITATIONS OB ACTO ALC
AMBR		OSTENTATIOUS SPACES, LLC 19046 Bruce B. Downs Blvd.
		Tampa, FL 33647
		Tampa, 115 35047
		<b>10</b>
		· · · · · · · · · · · · · · · · · · ·
		[±
(Use attachm	ent if necessory)	z = z
EV: Effectiv	ent if necessary)  /e date, if other than the date listed, the date must be sp	e of filing:
LEV: Effective date is of filing.) If the date insement's effection LEVI: Other p	we date, if other than the date listed, the date must be sp rted in this block does not a tive date on the Department provisions, if any.	e of filing: (OPTIONAL) coefficient and cannot be more than five business days prior to or 90 demeet the applicable statutory filing requirements, this date will not be of State's records.
LEV: Effective date is of filing.) If the date insement's effection LEVI: Other pated Liability	re date, if other than the date listed, the date must be sp rted in this block does not a tive date on the Department provisions, if any. Company shall be member	e of filing: (OPTIONAL) cecific and cannot be more than five business days prior to or 90 demeet the applicable statutory filing requirements, this date will not be of State's records.
LEV: Effective date is of filing.) If the date insement's effection LEVI: Other pated Liability	we date, if other than the date listed, the date must be sp rted in this block does not a tive date on the Department provisions, if any.	e of filing: (OPTIONAL) cecific and cannot be more than five business days prior to or 90 demeet the applicable statutory filing requirements, this date will not be of State's records.
LEV: Effective date is of filing.) If the date insement's effection LEVI: Other pated Liability	re date, if other than the date listed, the date must be sp rted in this block does not a tive date on the Department provisions, if any. Company shall be member	e of filing: (OPTIONAL) cecific and cannot be more than five business days prior to or 90 demeet the applicable statutory filing requirements, this date will not be of State's records.
LE V: Effective date is of filing.) If the date insement's effection. E VI: Other pated Liability Liable for de	re date, if other than the date listed, the date must be sp rted in this block does not a tive date on the Department provisions, if any. Company shall be member	e of filing: (OPTIONAL) cecific and cannot be more than five business days prior to or 90 demeet the applicable statutory filing requirements, this date will not be of State's records.
LE V: Effective date is of filing.) If the date insement's effection. E VI: Other pated Liability Liable for de	re date, if other than the date listed, the date must be sported in this block does not a live date on the Department provisions, if any.  Company shall be member bt: OSTENTATIOUS SPA	e of filing:
LE V: Effective date is of filing.) If the date insement's effection. E VI: Other pated Liability Liable for de	re date, if other than the date listed, the date must be sported in this block does not a live date on the Department provisions, if any.  Company shall be member by: OSTENTATIOUS SPA  SIGNATURE:  /s/ Joseph Strauss  Signature of a material of the control of th	e of filing:
LE V: Effective date is of filing.) If the date insement's effection. E VI: Other pated Liability Liable for de	re date, if other than the date listed, the date must be sported in this block does not a live date on the Department provisions, if any.  Company shall be member by: OSTENTATIOUS SPA  SIGNATURE:  /s/ Joseph Strauss  Signature of a material transport of the constitutes a third degree.	e of filing:
LE V: Effective date is of filing.) If the date insement's effection. E VI: Other pated Liability Liable for de	re date, if other than the date listed, the date must be sported in this block does not a live date on the Department provisions, if any.  Company shall be member by: OSTENTATIOUS SPA  SIGNATURE:  /s/ Joseph Strauss  Signature of a material of the control of th	e of filing:

Page 2 of 2