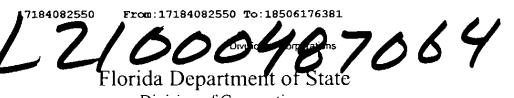


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Division of Corporations Electronic Filing Cover Sheet

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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 annual report mailings. Enter only one email address please.

Email Address: yellowrunning2@gmail.com

NECT OF ED

FLORIDA LIMITED LIABILITY CO. RAZZZLE AND DAZZZLE OPS, LLC

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

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Electronic Filing Menu

Corporate Filing Menu

Help

From: 17184082550 To: 18506176381

(((H210004223093)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

RAZZZLE AND DAZZZLE OPS, 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

Principal Office Address: 2423 SW 147th Avenue Miami, FL 33185 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: Levi Vogel Name 9507 NW 38th Street Florida street address (P.O. Box NOT acceptable) Coral Springs FL 33965

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/ Levi Vogel

Registered Agent's Signature (REQUIRED)

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The name and address of each person authorized to manage and control the Limited Liability Company:

Title: "AMBR" = Authorized Member	Name and Address:			
"MGR" = Manager AMBR	XCHANGES CONNECTIONS, LLC 2423 SW 147th Avenue Miami, FL 33185 ASS CONNECTIONS, LLC 2423 SW 147th Avenue Miami, FL 33185 ASS CONNECTIONS, LLC CONNECTIONS, LLC ASS CONNECTIONS, LLC CONNECTIONS,			
he date of filing.)	and cannot be more than five business days prior to or 90 days after e applicable statutory filing requirements, this date will not be listed a e's records.			
This document is executed in a I am aware that any false inforr	or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes, mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.			
Joseph Strauss	ed or printed name of signee			

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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