11/17/21, 1

Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H210004251313)))



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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

ď.

Account Name

: USACORP INC.

Account Number : I20130000019

: (718)362-4789

Fax Number

: (718)408-2550

3

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: moshejbny@gmail.com

## FLORIDA LIMITED LIABILITY CO. 4600 7M LLC

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

Electronic Filing Menu

Corporate Filing Menu



From: 17184082550 To: 18506176381

(((H21000425131 3)))

ARTICLESC	F ORGANIZATION FOR	FIJORIDA LIMITEDA	LIABILITY COMPANY	
ARTICLE I - Name: The name of the Limited Liabil	lity Company is:			
4600 7M LLC				
(Must end	I with the words "Limited	d Liability Company,	"L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street	address of the principal o	office of the Limited	Liability Company is:	
<u>Princi</u>	pal Office Address:		Mailing Address:	
4600 East Moody I Bunnell, FL 32110	Blvd Unit 18A		Ditmas Avc klyn, NY 11218	
ARTICLE III - Registered Ap (The Limited Liability Compar another business entity with ar The name and the Florida stree	iy cannot serve as its own active Florida registration	n Registered Agent. Yon.)	t's Signature: 'ou must designate an individ <b>ual</b> or	anni NOV 1
	Chaim Lefkowitz	•		
	Chami Ecikowitz	Name		
	4600 East Moody B	lvd Unit 18A	•	-
		ss (P.O. Box <u>NOT</u> ac	ceptable)	
	Bunnell	FL	32110	
	City	State	Zıp	

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/ Chaim Lefkowitz	
Registered Agent's Signature (REQUIRED)	

(CONTINUED)

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11/17/2021 13:05

17184082550

From: 17184082550 To: 18506176381

(((H21000425131 3)))

Title: "AMBR" = Authorized Member	Name and Address:
'MGR" = Manager	Chain Lathanite
AMBR	Chaim Lefkowitz 117 Ditmas Ave
	Brooklyn, NY 11218
	Diodxivii. IVI 13210
,	nc of filing: (OPTIONAL)  pecific and cannot be more than five business days prior to or 9
(Use attachment if necessary)  E.V: Effective date, if other than the datective date is listed, the date must be soffling.)  the date inserted in this block does not ment's effective date on the Departmen	nee of filing:
•••	meet the applicable statutory filing requirements, this date will not of State's records.
E V: Effective date, if other than the date ective date is listed, the date must be soffiling.) the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any.	meet the applicable statutory filing requirements, this date will not to State's records.
EV: Effective date, if other than the date ective date is listed, the date must be sof filing.) the date inserted in this block does not ment's effective date on the Department EVI: Other provisions, if any.	
E V: Effective date, if other than the date ective date is listed, the date must be soffiling.) the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any.  REQUIRED SIGNATURE:  /s/ Chaim Lefkowi  Signature of a not the document is executed any false.	
EV: Effective date, if other than the date ective date is listed, the date must be sof filing.) the date inserted in this block does not ment's effective date on the Department EVI: Other provisions, if any.  REQUIRED SIGNATURE:  /s/ Chaim Lefkowi  Signature of a man This document is exect I am aware that any false.	tz  member or an authorized representative of a member.  uted in accordance with section 605.0203 (1) (b), Florida Statutes, se information submitted in a document to the Department of State ce felony as provided for in s.817.155, F.S.
EV: Effective date, if other than the date ective date is listed, the date must be sof filing.) the date inserted in this block does not ment's effective date on the Department EVI: Other provisions, if any.  REQUIRED SIGNATURE:  /s/ Chaim Lefkowi  Signature of a nor This document is exected and aware that any false constitutes a third degree.	tz  member or an authorized representative of a member. uted in accordance with section 605.0203 (1) (b), Florida Statutes, se information submitted in a document to the Department of State ee felony as provided for in s.817.155, F.S.