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.

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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.

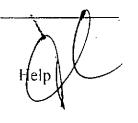
Email Address: paul@paulgoldenberg.com

FLORIDA LIMITED LIABILITY CO. FOL Equity Group LLC

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

Electronic Filing Menu

Corporate Filing Menu



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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: FOL Equity 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: Principal Office Address: Mailing Address: 16445 Collins Avc, PH 24 1173A Second Ave, Suite 246 North Miami, FL 33160 New York, NY 10065 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: Paul Goldenberg Name

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..

Florida street address (P.O. Box NOT acceptable)

State

16445 Collins Ave, PH 24

City

North Miami

/s/ Paul Goldenberg	
Registered Agent's Signature (REQUIRED)	

33160

Zip

(CONTINUED)

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"AMBR" = Authorized Mem	Name and Address: er	
"MGR" = Manager AMBR	Paul Goldenberg	
AMDK	16445 Collins Ave. PH 24 North Miami, FL 33160	
AMBR	Chris Petranis	
AWIDIK	106 2nd Place, Apt 1 Brooklyn, NY 11232	
	DIOOKIJIK IVI 31232	
	<u>&</u>	
(Use attachment if necessary)		
PROPERTY. PROCESSES ASSESSED.	in the date of filing: (OPTIONAL)	1 1
in effective date is fisted, the date	nust be specific and cannot be more than five business days prior to or 90 da	vs after,
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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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