P: 1/3

## Florida Department of State

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: ssmspruce@aol.com

MECHERNIS 35

## FLORIDA LIMITED LIABILITY CO. GZ18 LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
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T. BURCH

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Electronic Filing Menu

Corporate Filing Menu

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	F ORGANIZATION FOR	FLORIDA LIV	ІГІЕД ПАВІГЛУ СОМРА	J'N		
ARTICLE I - Name: The name of the Limited Liabil	ity Company is:					
GZ18 LLC						
	with the words "Limited	Liability Co	npany, "L.L.C.," or "LLC	2.")		
		•		·		
ARTICLE II - Address: The mailing address and street:	addense of the principal o	ellian altha L	mitad Linhility Compone	, ic.		
The maining address and street a	aduress of the principal of	mice of the t.	inited that they company	15.		
<u>Princi</u>	Principal Office Address:		Mailing Address:			
Isaac Jerolmen			Isaac Jerolmen			
483 Chestnut Street		- <u>-</u>	483 Chestnut Street			
Cedarhurst, NY 115	16		Cedarhurst, NY 11516			
(The Limited Liability Compan another business entity with an The name and the Florida street	active Florida registratio	on.)	gent. You must designate	SECKET	2021 DEC	1
		Name		SS S	-6	ļ ·
	9507 NW 38th Stree	t		m <sup>c</sup>	). 	[7
Florida street address (P.O. Box NOT acceptable)			AH 9:			
	Coral Springs	FL	33065	); STATE .FLORIDA	): 20	
	City	State	Zip	> ′	0	
Having been named as registered place designated in this certificate further agree to comply with the p am familiar with and accept the o	e, I hereby accept the app provisions of all statutes r	ointment as re elating to the j	gistered agent and agree ( proper and complete perfo	to act in this capacity. ormance of my duties,	1	

/s/ Levi Vogel	
Registered Agent's Signature (REQUIRED)	

(CONTINUED)

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A	K.	Т	CI	LΕ	IV	_

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

Title: "AMBR" = Ai	thorized Member	Name and Address:		
"MGR" = Mar AMBR	nager	Shalom Maidenbaum 50 Bayberry Road Lawrence, NY 11559	2021 DEC 16 1	ī m
ARTICLE V: Effective (If an effective date is li the date of filing.)	isted, the date must be specific	ing: (OPTIONAL) and cannot be more than five business days prior to or 9th the applicable statutory filing requirements, this date will no		after
	e date on the Department of Sta			_
REQUIRED :	SIGNATURE:			<b>-</b> -
	This document is executed in I am aware that any false infor	r or an authorized representative of a member, accordance with section 605.0203 (1) (b), Florida Statutes, rmation submitted in a document to the Department of State ny as provided for in s.817.155, F.S.		
	Shalom Maidenbaum Typ	ped or printed name of signee Filing Fees:		
\$ 30.00 Cer	ng Fee for Articles of Organiz tified Copy (Optional) tificate of Status (Optional)	ation and Designation of Registered Agent		

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