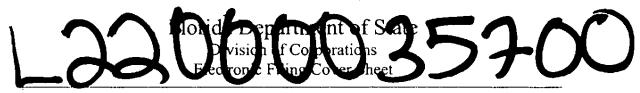
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Division of Corporations



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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: meadowlarkmngt@gmail.com

FLORIDA LIMITED LIABILITY CO.

Meadowlark Management LLC

Certificate of Status	0
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Page Count	02
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Help

S. CHATHAM

FEB 0 2 2022

(((11220000422793)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Ā	RT	ICI	F	I - 1	Na	me	

The name of the Limited Liability Company is:

22 FEB -1 AM 9: 24

BESTEIARY OF STATE TALEARAGEE, PLANTA

Meadowlark Management LLC			I WI COLL LA COLLEGE CONTRACTOR COLLEGE		
(Must end	with the words "Limited	l Liability Com	pany, "L.L.C.," or "LLC.")		
RTICLE II - Address:					
e mailing address and street a	ddress of the principal o	ffice of the Lim	nited Liability Company is:		
<u>Princip</u>	al Office Address:		Mailing Address:		
2020 N Bayshore Dr	rive #2103		2020 N Bayshore Drive #2103		
Miami, FL 33137			Miami, FL 33137		
he Limited Liability Company	cannot serve as its own	Registered Age	Agent's Signature: ent. You must designate an individual or		
he Limited Liability Company other business entity with an	cannot serve as its own active Florida registration address of the registered	Registered Age on.)			
he Limited Liability Company tother business entity with an	cannot serve as its own active Florida registration	Registered Age on.)			
The Limited Liability Company tother business entity with an	cannot serve as its own active Florida registration address of the registered	Registered Age on.) I agent are:			
RTICLE III - Registered Age The Limited Liability Company nother business entity with an a	cannot serve as its own active Florida registration address of the registered Sean Chien	Registered Agen.) I agent are: Name	ent. You must designate an individual or		
The Limited Liability Company nother business entity with an	cannot serve as its own active Florida registration address of the registered Sean Chien 2020 N Bayshore Dr	Registered Agen.) I agent are: Name	ent. You must designate an individual or		

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/ Sean Chien

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

(((H22000042279 3)))

From: 17184082550 To: 18506176381

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:				
"MGR" = Manager AMBR	Jenny Chien 2020 N Bayshore Drive #2103				
	Miami, FL 33137				
<u>MGR</u>	Sean Chien 2020 N Bayshore Drive #2103 Miami, FL 33137				
(Use attachment if necessary)					
he date of filing.)	cannot be more than five business days prior to or 90 days after oplicable statutory filing requirements, this date will not be listed as				
ARTICLE VI: Other provisions, if any.					
REQUIRED SIGNATURE:					
/s/ Jenny Chien					
This document is executed in acco	an authorized representative of a member. ordance with section 605.0203 (1) (b), Florida Statutes. ion submitted in a document to the Department of State is provided for in s.817.155, F.S.				

Jenny Chien

Typed 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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