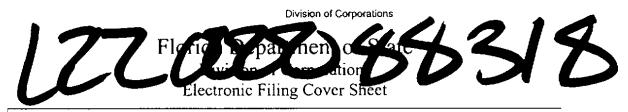
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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : USACORP INC. Account Number : 120130000019 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: mendy@mcfcapitalllc.com

## FLORIDA LIMITED LIABILITY CO. Hatzlacha Partners VIII LLC

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

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Help

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(((H220000807563)))

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

Hatzlacha Partners VIII 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:
1001 NE176th Terrace	1001 NE176th Terrace
North Miami Beach, FL 33162	North Miami Beach, FL 33162

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:

:	Name	
1001 NE176th Terrace		
Florida street address (	P.O. Box NOT ac	eceptable)
North Miami Beach	FL	33162

Having been named as registered agent and to accept service of process for the above stated limited hability 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/ Mendel Fischer	
Registered Agent's Signature (REQUIRED)	_

(CONTINUED)

Page Lof2



From: 17184082550 To: 18506176381

(((H22000080756 3)))

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Mendel Fischer
	1001 NE176th Terrace
	North Miami Beach, FL 33162
<del></del>	
(Use attachment if necessary)	
,	
EV: Effective date, if other than the date	c of filing: (OPTIONAL)
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