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: csdahan@gmail.com

## FLORIDA LIMITED LIABILITY CO. **5578 STR LLC**

Certificate of Status	0
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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	R	П	C	LE	ı	_	Na	me:

The name of the Limited Liability Company is:

5578 STR 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:

<del></del>	··· <del>-</del> ·-
5578 NW 77th Ct	1119 Sage St
Pompano Beach, FL 33073	Far Rockaway, NY 11691

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:

Principal Office Address:

	Name	
507 NW 38th Stree	et	
lorida street addre	ss (P.O. Box <u>NOT</u> a	eceptable)
Coral Springs	FL	33065

2022 MAR -4 AM 5: 02
SECRETARY OF STATE
TALL AMASSEE, FLORIDA

Mailing Address:

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/ Levi V	'ogel
	Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

03/04/2022 12:01 17184082550 From:17184082550 To:18506176381

(((H220000833583)))

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	Chaire Dahare
AMBR	Chaim Dahan 1119 Sage St
	Far Rocksway, NY 11691
	1 di Rocksway, 19 1 11071
	₩
	<u> </u>
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(Use attachment if necessary)	S 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
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