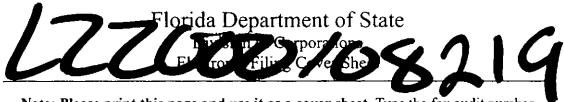
3/16/22, 1:00 PM

Division of Corporations



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.

(((H22000098687 3)))



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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: Email@israeldana.com

## FLORIDA LIMITED LIABILITY CO. 7001 Coolidge Holdings LLC

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

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(((H220000986873)))

ARTICLES OF ORGANIZATION FOR FLORE	DA LIMITED LIABILITY COMPANY	
ARTICLE I - Name: The name of the Limited Liability Company is:		
7001 Coolidge Holdings LLC (Must end with the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal office of	f the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
777 Kent Ave #225 Brooklyn, NY 11205	777 Kent Ave #225 Brooklyn, NY 11205	2022 MAR 16
ARTICLE III - Registered Agent, Registered Office, & Reg (The Limited Liability Company cannot serve as its own Regist another business entity with an active Florida registration.)  The name and the Florida street address of the registered agent	cred Agent. You must designate an individual or	HAR 16 AM 12: 1
Levi Vogel		Cm o
Nam	C	
9507 NW 38th Street		
Florida street address (P.O.	Box NOT acceptable)	

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..

State

Cornl Springs

City

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

(CONTINUED)

Page 1 of 2

(((H220000986873)))

Title: "AMBR" = Authorized Member		Israel Ary Dana  2 Getzil Berger 301  Monroe, NY 10950				
"MGR" = Manager AMBR						
	<del></del>					
	——————————————————————————————————————					
		E STA				
		골노				
n effective date is I date of filing.) te: If the date insen	listed, the date must be spec	of filing:				
	rovisions, if any.					
l'ICLE VI: Other pr						
	SIGNATURE:					
PICLE VI: Other pr	SIGNATURE: /s/ Israel Ary Dana					

## Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)