3/28/22, 1:35 PM

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name Account Number : I20130000019

: USACORP INC.

Phone

: (718)362-4789

Fax Number

: (718)408-2550

nter the email address for this business entity to be used for futere annual report mailings. Enter only one email address please.\*\*

Email Address:reifere@gmail.com

## FLORIDA LIMITED LIABILITY CO. 6445 SW 22 Holdings LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

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:

Levi Vogel					
Name 9507 NW 38th Street			38 <b>2</b> آکار آکار	<b>2</b> 122	
				HAR	
Florida street address (P.O. Box NOT acceptable)					
Coral Springs	FL	33065	SEE O	28	!
City	State	Zip	or s	<b>≥</b>	;

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. 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 Vogel

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

P: 3/3

(((H220001133423)))

03/28/2022 13:37

17184082550

Title: "AMBR" = Authorized Member	Zachary Reifer  23 Glenbrook Road  Monsey, NY 10952		
"MGR" = Manager			
AMBR			
	Molsey, AT 10002	-	
		_	
		<del>-</del> -	
		- -	
		<u>-</u>	
		_	
	<del></del>	3	
	SILCI ALLI	8	
(Use attachment if necessary)	AHA AHA		
RTICLE V: Effective date, if other than the date of filing: (OPTIQUE).			
(If an effective date is listed, the date must be specific a	and cannot be more than five business days offer to or!	90 days after	
the date of filing.) Note: If the date inserted in this block does not meet th	to applicable statutory filing requirements, this date will re	ot be listed a	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.			
			ARTICLE VI: Other provisions, if any.
		<del></del>	
REQUIRED SIGNATURE:			
/s/ Zachary Reifer		_	
Signature of a member	or an authorized representative of a member.		
This document is executed in a lam aware that any false information.	accordance with section 605.0203 (1) (b), Florida Statutes mation submitted in a document to the Department of Status as provided for in s.817.155, F.S.		

## 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)

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