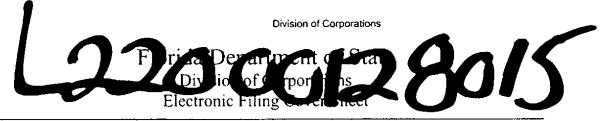
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To:

Division of Corporations

Fax Number

: (850)617-6381

EIVED 9 MIR: 49 CORPORATIONS COMMERCIANS

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 $\frac{1}{2}$ annual report mailings. Enter only one email address please.**

Email Address: Michael.empirebusiness@gmail.com

2 MAR 29 PM 2: 31

FLORIDA LIMITED LIABILITY CO. STEINBERG RE HOLDINGS LLC

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

D. O'KEEFE

HAMAR 3 0 2022

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Corporate Filing Menu

2550 From: 17184082550 To: 18506176381

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE	I - Name:
'T'l	Cable I Section 1

The name of the Limited Liability Company is:

Steinberg RE Holdings 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:

 2413 NW 92nd Ave
 2413 NW 92nd Ave

 Coral Springs, FL 33065
 Coral Springs, FL 33065

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	,
ss (P.O. Box <u>NOT</u> ac	eceptable)
FL	33065
State	Zip
	ss (P.O. Box <u>NOT</u> ac FL

2022 MAR 29 PH 2 SECRLIARY OF SEALLAHASSEE, FLOR

Having been named as registered agent and to accept service of process for the above stated limited liability companies the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I was further agree to comply with the provisions of all statutes relating to the proper and complete performance of my diffies, and T am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605. F.S.

/s/ Michael Steinberg

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV-

(((H22000114743 3)))

Title:		Name and Address:
	Authorized Member	
"MGR" = M		
AMBR		Michael Steinberg
		2413 NW 92nd Ave
		Coral Springs, FL 33065
	<u>. </u>	
(Use attachn	nent if necessary)	
FICLE V: Effecti n effective date is late of filing.)	ve date, if other than the date of listed, the date must be spe	of filing: (OPTIONAL) recific and cannot be more than five business days prior to or 90 days afteneet the applicable statutory filing requirements, this date will not be listed
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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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