**Division of Corporations** Electronic Filing Cover Sheet

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From:

Account Name : USACORP INC.

Account Number : I20130000019

: (718)362-4789

Fax Number

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

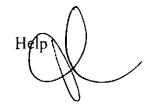
Email Address: SAYFLGROUP@GMAIL.COM

# FLORIDA LIMITED LIABILITY CO. SAY FL GROUP LLC

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

Electronic Filing Menu

Corporate Filing Menu



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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

# SAY FL GROUP 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:	
82 PARKVILLE AVE	82 PARKVILLE AVE	
BROOKLYN, NY 11230	BROOKLYN, NY 11230	

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

SHAYA LUNGER

(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	
1728 NE MIAMI G	ARDENS DRIVE, S	UITE 206
Florida street addres	ss (P.O. Box <u>NOT</u> ac	cceptable)
МІАМІ	FL	33179
City	State	Zip

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/ SHAYA LUNGER	
Registered Agent's Signature (REQUIRED)	

(CONTINUED)

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ARTICLE IV-

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	AVRAHAM FRENKEL
· · · · · · · · · · · · · · · · · · ·	1728 NE MIAMI GARDENS DRIVE, SUITE 206
	MIAMI, FL 33179
AMBR	SHAYA LUNGER
	1728 NE MIAMI GARDENS DRIVE, SUITE 206
	MIAMI, FL 33179
AMBR	SANDRA FRENKEL
	1728 NE MIAMI GARDENS DRIVE, SUITE 206
	MIAMI, FL 33179
	PR APR
	<del></del>
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(Use attachment if necessary)	T 🛣 🛣
	OPTION NEW //
CLE V: Effective date, if other than the date	of filing: (OPTIONALT )
	ecific and cannot be more than five business days prior to be days a
te of filing.)	
If the date inserted in this block does not n	neet the applicable statutory filing requirements, this date will not be list
cument's effective date on the Department	of State's records.
CLE VI: Other provisions, if any.	

# /s/ AVRAHAM FRENKEL

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

AVRAHAM FRENKEL

Typed or printed name of signee

## 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)