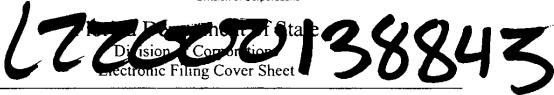
17184082550

From: 17184082550 To: 18506176381

4/4/22, 1:57 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.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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: Yidelrealty@gmail.com

RECEIVED 22 APR -4 PM 1: 49

FLORIDA LIMITED LIABILITY CO.

633 NE 167 investors LLC

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

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Help

From:17184082550 To:18506176381

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	RT	ICI	Ľ	ī	No	man.

The name of the Limited Liability Company is:

633 NE 167 investors 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:

14 N Madison Avenue, Suite #10114 N Madison Avenue, Suite #101Spring Valley, NY 10977Spring Valley, NY 10977

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 Stree	et	
Florida street addres	ss (P.O. Box <u>NOT</u> ac	ceptable)
Coral Springs	FL	33065
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/ Levi Vogel

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2



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ARTICLE IV-

(((H22000122153 3)))

Title:		Name and Address:	
"AMBR" = Au	thorized Member		
"MGR" = Man		W 13W 1	
AMBR		Yoel Weiss	
		14 N Madison Avenue, Suite #101	
		Spring Valley, NY 10977	
MCD		Yoel Weiss	
MGR		14 N Madison Avenue, Suite #101	
		Spring Valley, NY 10977	
	. <u></u>		
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