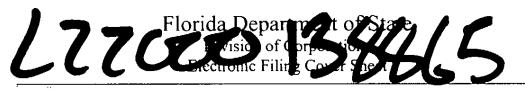
From: 17184082550 To: 18506176381

4/4/22, 9:47 AM

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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Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : USACORP INC. Account Number : 120130000019 Phone : (718)362-4789 Fax Number : (718)408-2550 FILED Apr 04, 2022 08:00 AM Secretary of State

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

Email Address: zmssac@gmail.com

## FLORIDA LIMITED LIABILITY CO. LHU GROUP MR LLC

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ARTICLESO	OF ORGANIZATION FOR F	LORIDA PRATTED LJARIE.	TIV COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LHU GROUP MR 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:
1471 NE 177th St	1471 NE 177th St
North Miami Beach, FL 33162	North Miami Beach, FL 33162

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:

Molly Reichman		
	Vame	
1471 NE 177th St		
Florida street address (	P.O. Box <u>NOT</u> ac	cceptable)
North Miami Beach	FL	33162
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/ Molly Reichman

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED Apr 04, 2022 08:00 AM Secretary of State

04/04/2022 09:50 17184082550 From:17184082550 To:18506176381

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'AMRD" =	Authorized Member	Name and Address:
MGR" = N		
		Molly Reichman
		1471 NE 177th St
		North Miami Beach, FL 33162
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**FILED** Apr 04, 2022 08:00 AM **Secretary of State**