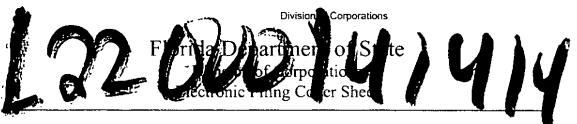
4/5/22, 10:34 AM



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.

(((H22000123380 3)))



H220001233803ABCV

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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.

MskolnikS@gmail.com

Email Address:

FLORIDA LIMITED LIABILITY CO.

TDA Apparel LLC

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

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Corporate Filing Menu

Help

T. SCOTT

APR - 6 2022

(((H220001233803)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TDA Apparel 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:

19355 Turnberry Way, Apt 7E Aventura, FL 33180 19355 Turnberry Way, Apt 7E Aventura, FL 33180

Zip

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	
19355 Tumberry	Way, Apt 7E	
Florida street add	ress (P.O. Box <u>NOT</u> a	ecceptable)
Aventura	FL	33180

State

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..

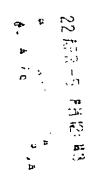
/s/ Menachem Skolnik

City

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page Lof2



(((H220001233803)))

	Authorized Member	Name and Address:
"MGR" = M <u>AMBR</u>		Menachem Skolnik
		19355 Turnberry Way, Apt 7E
		Aventura, FL 33180
AMBR		Adam A Mizrahi
		19355 Turnberry Way, Apt 7E
		Aventura, FL 33180
		 ,
EV: Effecti	nent if necessary)	c of filing: (OPTIONAL)
EV: Effecti ctive date is f filing.) the date inse- nent's effect EVI: Other	ve date, if other than the date listed, the date must be sported in this block does not rive date on the Department provisions, if any.	necific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will not
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E V: Effecti ctive date is f filing.) the date insc nent's effect E VI: Other	ve date, if other than the date listed, the date must be spected in this block does not rive date on the Department provisions, if any. 2 SIGNATURE: /s/ Menachem Sko Signature of a me This document is execula m aware that any false	plecific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will not of State's records. Dinik ember or an authorized representative of a member, ated in accordance with section 605.0203 (1) (b), Florida Statutes, the information submitted in a document to the Department of State are felony as provided for in s.817.155, F.S.

Page 2 of 2

\$ 5.00 Certificate of Status (Optional)