Electronic Filing Cover Sheet

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.

(((H22000125842 3)))



H220001258423ABC

**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: mrichter@madison1031.com

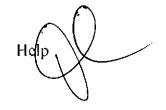
KECEIVED 22APR-6 PM 2:53

## FLORIDA LIMITED LIABILITY CO. NMB Properties LLC

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

Electronic Filing Menu

Corporate Filing Menu



## (((H220001258423)))

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	RT	ECT.	F	١.	N:	me:

The name of the Limited Liability Company is:

NMB Properties 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:
17610 NE 7 Court	1743 47th St
Miami, FL 33162	Brooklyn, NY 11204
	-

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:

Dov Rabinowitz		
	Name	
17610 NE 7 Court		
Florida street addres	ss (P.O. Box <u>NOT</u> ac	eceptable)
Miami	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 dates, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

/s/ Dov Rabinowitz	
Registered Agent's Signature (REQUIRED)	

(CONTINUED)

Page 1 of 2

(((H22000125842 3)))

"MGR" = Man	nthorized Member ager	Name and Address:
<del></del>	<del></del>	
<del></del>		
	<del></del>	
CLE V: Effective	nt if necessary) date, if other than the date of	filing: (OPTIONAL);
CLE V: Effective effective date is liste of filing.)	date, if other than the date of sted, the date must be speci-	C) 2
CLE V: Effective effective date is liste of filing.)  If the date inserted ocument's effective	date, if other than the date of sted, the date must be specied in this block does not meet date on the Department of	fic and cannot be more than five business days prior to or 90 of the applicable statutory filing requirements, this date will not be
CLE V: Effective effective date is liste of filing.)  If the date inserte seument's effective	date, if other than the date of sted, the date must be specied in this block does not meet date on the Department of	fic and cannot be more than five business days prior to 6790 of the applicable statutory filing requirements, this date will not State's records.
CLE V: Effective effective date is liste of filing.) If the date inserte comment's effective CLE VI: Other pro	date, if other than the date of sted, the date must be specified in this block does not meet date on the Department of ovisions, if any.	fic and cannot be more than five business days prior to 6790 of the applicable statutory filing requirements, this date will not State's records.
CLE V: Effective effective date is liste of filing.) If the date inserte cument's effective CLE VI: Other pro	date, if other than the date of sted, the date must be specied in this block does not meet date on the Department of ovisions, if any.	fic and cannot be more than five business days prior to 6790 of the applicable statutory filing requirements, this date will not State's records.
CLE V: Effective effective date is liste of filing.)  If the date inserte ocument's effective CLE VI: Other pro	date, if other than the date of sted, the date must be specified in this block does not meet date on the Department of ovisions, if any.  SIGNATURE:  /s/ Dov Rabinowitz	fic and cannot be more than five business days prior to 6790 of the applicable statutory filing requirements, this date will not State's records.
CLE V: Effective effective date is liste of filing.)  If the date inserte ocument's effective CLE VI: Other pro	date, if other than the date of sted, the date must be specified in this block does not meet date on the Department of ovisions, if any.  SIGNATURE:  /s/ Dov Rabinowitz  Signature of a memil This document is executed I am aware that any false in	fic and cannot be more than five business days prior to 6790 of the applicable statutory filing requirements, this date will not State's records.
CLE V: Effective effective date is liste of filing.) If the date inserte cument's effective CLE VI: Other pro	date, if other than the date of sted, the date must be specified in this block does not meet date on the Department of ovisions, if any.  SIGNATURE:  /s/ Dov Rabinowitz  Signature of a memil This document is executed I am aware that any false in constitutes a third degree for Dov Rabinowitz	ber or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State

Page 2 of 2