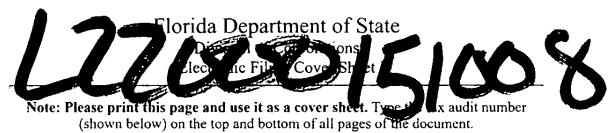
From: 17184082550 To: 18506176381

4/11/22, 1:51 PM

Division of Corporations



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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 : 120130000019 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: asakas14@optimum.net

MECEIVED

FLORIDA LIMITED LIABILITY CO. MS3 FL LLC

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

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Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MS3 FL 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:

	
1316 North Dixic Highway	1316 North Dixie Highway
Hollywood, FL 33020	Hollywood, FL 33020

Mailing Address:

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:

Principal Office Address:

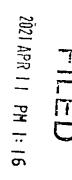
Mailckh Saks		
	Name	
1316 North Dixie H	ghway	
Florida street addres	ss (P.O. Box <u>NOT</u> ac	eceptable)
Hollywood	FL	33020
City	State	Zip

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/ Mailekh Saks	
Registered Agent's Signature (REQUIRED)	_

(CONTINUED)

Page 1 of 2



(((H220001310293)))

Title: "AMBR" = Authorized M	Name and Address:
"MGR" = Manager	
AMBR	Mailekh Saks
	1414 East 13th Street
	Brooklyn, NY 11230
	
	
(Use attachment if necessa)
f an effective date is listed, the da ne date of filing.)	han the date of filing: (OPTIONAL) must be specific and cannot be more than five business days prior to or 90 days after k does not meet the applicable statutory filing requirements, this date will not be listed Department of State's records.
RTICLE VI: Other provisions, if a	•
REQUIRED SIGNATUI	
/s/ Maile	n Saks
This docu I am awar	ure of a member or an authorized representative of a member, and is executed in accordance with section 605.0203 (1) (b), Florida Statutes, nat any false information submitted in a document to the Department of State third degree felony as provided for in s.817.155, F.S.
Ma	kh Saks
·	Eyped 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)

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