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.

**Electronic Filing Cover Sheet** 

(((H220001558013)))



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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.\*\*

Email Address: valentina.rudchenko@yahoo.com

2 APR 29 AM 8: 37

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022 APR 29 PM 1:52

NATIONS OF COMMERCIAL

METERS OF COMMERCIAL

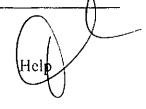
## FLORIDA LIMITED LIABILITY CO.

Valentina's Edge LLC

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

Electronic Filing Menu

Corporate Filing Menu



Hobe Sound

City

(((H220001558013)))

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: Valentina's Edge 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: 8000 SE Waterway Dr. 8000 SE Waterway Dr. Hobe Sound, FL 33455 Hobe Sound, FL 33455 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: Valentina Rudchenko Name 8000 SE Waterway Dr. Florida street address (P.O. Box NOT acceptable)

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/ Valentina Rudchenko	
Registered Agent's Signature (REQUIRED)	

State

(CONTINUED)

Page 1 of 2

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(((H22000155801 3)))

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	Valentina Rudchenko
	8000 SE Waterway Dr.
	Hobe Sound, FL 33455
	LATIA
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(Use attachment if necessary)  CLE V: Effective date, if other than the dat effective date is listed, the date must be s	te of filing:(OPTIONAL) \$9  pecific and cannot be more than five business days prior to or 90 the
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