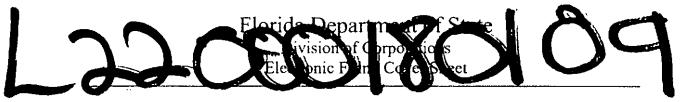
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Division of Corporations



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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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: \_\_\_\_\_rgrestoration@gmail.com

FLORIDA LIMITED LIABILITY CO.

R.G. Restorations LLC

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

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(((H220001578553)))

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

R.G. Restorations 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:

Mailing Address:
12 Palm Castle Dr
Port Orange, FL 32127

## 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:

Isaiah Reyes Romer	0	
	Name	
12 Palm Castle Dr		
Florida street addres	ss (P.O. Box <u>NOT</u> ac	ceptable)
Port Orange	FL	32127
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/ Isaiah	Reyes Romero
	Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2



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	Authorized Membe	r	
"MGR" = M		L., '., D.,, D.,	
AMBR	<del></del>	Isaiah Reyes Romero 12 Palm Castle Dr	
		Port Orange, FL 32127	
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