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.

(((H22000161185 3)))



H220001611853ABC-

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

the the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: office@nysaccounting.com

## FLORIDA LIMITED LIABILITY CO.

725-916 Eaverson LLC

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

Electronic Filing Menu

Corporate Filing Menu

D. O'KEEFF

MAY - 5 2022

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

704 OLG CAMEDOON LLC	
725-916 EAVERSON LLC  (Must end with the words "Limited Lia	shility Company "I. I. C. " or "I. I. C.")
(Must end with the words Thinned tha	omity Company, E.E.C., or E.E.C.
TICLE II - Address:	
. I IC. L.E. 11 - AGGFESS:	
	and the film to distribution Commence in
e mailing address and street address of the principal office	e of the Limited Liability Company is:
e mailing address and street address of the principal office	
	e of the Limited Liability Company is:  Mailing Address:
e mailing address and street address of the principal office	

The name and the Florida street address of the registered agent are:

another business entity with an active Florida registration.)

Sholomo Landau		
	Name	
725-916 Eaverson S	it	
Florida street addre	ss (P.O. Box <u>NOT</u> ac	eceptable)
Jacksonville	FL	32204
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 603, F.S..

/s/ Sholomo Landau	
Registered Agent's Signature (REQUIRED)	

(CONTINUED)

Page Lof2

(((H22000161185 3)))

Title:		Name and Address:
	authorized Member	
"MGR" = Ma AMBR		Sholomo Landau
11111111		3312 Parkview Dr
		Spring Valley, NY 10977
AMBR		Saul Epstein
		3114 Parkview Dr
		Spring Valley, NY 10977
	ent if necessary)  we date if other than the date of	of filing: (OPTIONAL)
CLE V: Effective date is te of filing.)  If the date inser	re date, if other than the date of listed, the date must be sperted in this block does not in	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90 da leet the applicable statutory filing requirements, this date will note
CLE V: Effective date is te of filing.)  If the date inser	re date, if other than the date of listed, the date must be spe	cific and cannot be more than five business days prior to or 90 da
CLE V: Effective date is te of filing.)  If the date inserction of the comment's effective CLE VI: Other p	re date, if other than the date of listed, the date must be spented in this block does not make date on the Department of provisions, if any.	cific and cannot be more than five business days prior to or 90 days the applicable statutory filing requirements, this data will not be state's records.
CLE V: Effective factories of filing.)  If the date insercument's effection	re date, if other than the date of listed, the date must be spented in this block does not make date on the Department of	cific and cannot be more than five business days prior to or 90 days the applicable statutory filing requirements, this data will not state's records.
CLE V: Effective date is the of filing.)  If the date insertion in the date in the date in the date in the date in the date.	re date, if other than the date of listed, the date must be spented in this block does not make date on the Department of provisions, if any.	cific and cannot be more than five business days prior to or 90 days eet the applicable statutory filing requirements, this data will not soft State's records.
CLE V: Effective date is te of filing.)  If the date insercument's effection	re date, if other than the date of listed, the date must be spented in this block does not make date on the Department of provisions, if any.	cific and cannot be more than five business days prior to or 90 days eet the applicable statutory filing requirements, this data will not soft State's records.
CLE V: Effective date is te of filing.) If the date insercument's effecti	re date, if other than the date of listed, the date must be spected in this block does not mive date on the Department of provisions, if any.	cific and cannot be more than five business days prior to or 90 days eet the applicable statutory filing requirements, this data will not state's records.  AHASSEE DESTRUCTION OF STATE OF STAT
CLE V: Effective date is te of filing.) If the date insercument's effecti	re date, if other than the date of listed, the date must be specified in this block does not mive date on the Department of provisions, if any.  SIGNATURE:  /s/ Sholomo Landau	cific and cannot be more than five business days prior to or 90 days eet the applicable statutory filing requirements, this data CRE AHASSEE FLORID.
CLE V: Effective date is the of filing.) If the date insercument's effection	re date, if other than the date of listed, the date must be specified in this block does not in ive date on the Department of provisions, if any.  SIGNATURE:  /s/ Sholomo Landau  Signature of a menus document is executed any aware that any false	cific and cannot be more than five business days prior to or 90 dieet the applicable statutory filing requirements, this data will not soft State's records.
CLE V: Effective date is te of filing.) If the date inser- comment's effection	re date, if other than the date of listed, the date must be specified in this block does not in ive date on the Department of provisions, if any.  SIGNATURE:  /s/ Sholomo Landau  Signature of a menus document is executed any aware that any false	receive the applicable statutory filing requirements, this data will not statute in a data will not statute. In the statute of a member.  In the statutory filing requirements, this data will not statute in a document to the Department of State.

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)