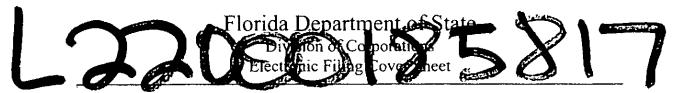
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Division of Corporations



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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: weinbergerdavid@aol.com

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# FLORIDA LIMITED LIABILITY CO. TCMA Care LLC

PM 1: 38	PORATIONS MMERCIAL SPRVICES
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Certificate of Status	0
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Help

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From: 17184082550 To: 18506176381

P: 2/3

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#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

TCMA Care 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:	Maning Address:
3405 Nw Federal Hwy	3405 Nw Federal Hwy
Jensen Beach, FL 34957	Jensen Beach, FL 34957

## 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:

Levi Vogel		
	Name	•
9507 NW 38th Stree	et	
Florida street addres	ss (P.O. Box <u>NOT</u> ac	eceptable)
Coral Springs	FL	33065
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/ Levi V	/ogel
	Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2



05/04/2022 13:07 17184082550 From:17184082550 To:18506176381

P: 3/3

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<del>litle:</del>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	David Weinberger
AMBR	282 Kcap St
	Brooklyn, NY 11211
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