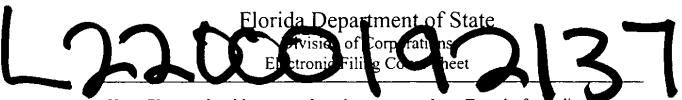
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Division of Corporations



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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.

derekhan521@gmail.com

CABLE AND/OR VIDEO

2022 HAY 10 PH 9: 43

FLORIDA LIMITED LIABILITY CO.

New Era Remodeling LLC

AY 10 PM 4: 46

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

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Corporate Filing Menu

Help

(((H220001681493)))

ARTIÇLE	S OF ORGANIZATION FOR FI	.ORIDA LIMI	TED LIABILITY COMPANY	
ARTICLE I - Name:				
The name of the Limited Lin	ability Company is:			
			•	
New Era Remod				
(Must	end with the words "Limited I	iability Comp	pany, "L.L.C.," or "LLC.")	
ARTICLE II - Address:				
The mailing address and stre	eet address of the principal off	ice of the Lim	ited Liability Company is:	
Principal Office Address:			Mailing Address:	
478 E Altamont	c Dr. Suite 102		478 E Altamonte Dr. Suite 102	
Altamonte Sprir	Altamonte Springs, FL 32701		Altamonte Springs, FL 32701	
(The Limited Liability Com another business entity with	Agent, Registered Office, & pany cannot serve as its own R an active Florida registration reet address of the registered a	tegistered Age .)	Agent's Signature: ent. You must designate an individual or	
		Name		
		, vanic		
	478 E Altamonte Dr. S	Suite 102		
	Florida street address	(P.O. Box <u>NO</u>	T acceptable)	
	Altamonte Springs	FL	32701	
	City	State	7 in	

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/ Rong Lin

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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CABLE AND/OR VIDEO
FRANCHISING
DIVISION OF CORPORATIONS

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The name and address of each person authorized to manage and control the Limited Liability Company:

Title:		Name and Address:
	= Authorized Member	
	Manager	Rong Lin
AMBR		4205 Remington Dr
		South Park, PA 15129
AMBR		Derek Han
- "		490 Browns Lane
		Pittsburgh, PA 15237
		
		· · · · · · · · · · · · · · · · · · ·
(Use attac	chment if necessary)	
ADTICLEV. ES	arion data if ather than the data of fili	(OPTIONAL)
Of an effective dat	a is listed, the data must be specified	ng: (OPTIONAL) and cannot be more than five business days prior to or 90 days after
the date of filing.)	e is fisted, the date must be specific	and cannot be more than five business days prior to be 90 days after
	nserted in this block does not meet th	ie applicable statutory filing requirements, this date will not be listed as
	ective date on the Department of Sta	· · · · · · · · · · · · · · · · · · ·
ARTICLE VI: Oth	er provisions, if any.	
		· · · · · · · · · · · · · · · · · · ·
REOUIR	IED SIGNATURE:	
112777		
	/s/ Rong Lin	
		or an authorized representative of a member.
		accordance with section 605.0203 (1) (b), Florida Statutes.
		mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.
	constitutes a tilità deglee leloi:	if as provided for an signification.

Rong Lin

Typed 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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