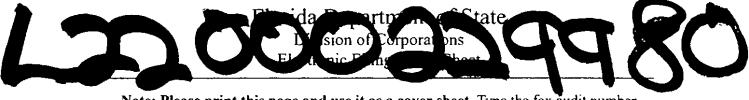
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Division of Corporations



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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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : USACORP INC. Account Number : I20130000019

Phone

: (718)362-4789 : (718)408-2550

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: frankfranzi@yahoo.com

RECEIVED 2May 26 am 9:46

# FLORIDA LIMITED LIABILITY CO.

## Blue Marlin Bay LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

(((H220001862573)))

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

ARTICLE	I - N	ame:
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The name of the Limited Liability Company is:

Blue Marlin Bay 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:

 4 Gabriel Place
 4 Gabriel Place

 Glen Cove, NY 11542
 Glen Cove, NY 11542

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:

Name

1237 Hillsboro Mile, Unit 502

Florida street address (P.O. Box NOT acceptable)

Hillsboro Beach FL 33062

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/ Frank Franzi

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

CASLE AND/OR VIDEO FRANCHISING OF CORPORATIONS TALLAHASSEE, FLORIONS

(((H22000186257 3)))

Title:	Name and Address:	
"AMBR" = Authorized Member "MGR" = Manager		
AMBR	Frank Franzi	
	1237 Hillsboro Mile, Unit 502	
	Hillsboro Beach, FL 33062	
AMDD	Numaio Isra	
AMBR	Nunzio Izzo 4 Gabriel Place	
	Glen Cove, NY 11542	
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