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Division of Corporations

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From:

Account Name : USACORP INC. Account Number : I20130000019 : (718)362-4789

Fax Number

: (718)408-2550

Enter the email address for this business entity to be used for fu∃⊕e annual report mailings. Enter only one email address please.

Email Address:_elinoorani18@gmail.com

FLORIDA LIMITED LIABILITY CO. BAY CREST MANAGEMENT LLC

Certificate of Status	0
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From: 17184082550 To: 18506176391

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:	
BAY CREST MANAGEMENT LLC	
(Must end with the words "Limited Liab	oility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	real of historia to be the Community
The mailing address and street address of the principal office	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4622 BAY CREST DRIVE.	1933 MOUNT OLYMPUS DR.
TAMPA, FL 33615	LOS ANGELES, CA 90046

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:

ELIYAHU NOORANI		
~ .	Name	
4622 BAY CREST I	DRIVE.	
Florida street addres	ss (P.O. Box <u>NOT</u> ac	ccptable)
ТАМРА	FL	33615
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/ ELIYAHU NOORANI	
Registered Agent's Signature (REQUIRED)	_

(CONTINUED)

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Charle 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:

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	#*************************************
MGR	ELIYAHU NOORANI
	1933 MOUNT OLYMPUS DR.
	LOS ANGELES, CA 90046
ANCED	DELLA DECLECIÓN O
AMBR	BEJAN BROUKHIM
	550 SOUTH HILL ST SUITE 1390
	LOS ANGELES, CA 90013
AMBR	YOSEF CHAIM NOORANI
	2214 S BEVERLY DR
	LOS ANGELES, CA 90034
	
(Use attachment if necessary)	
ADTICLE 3/2 Consider Jacob Control Section 1	des efficient (OPTIONAL)
ARTICLE V: Effective date, if other than the	date of filing: (OPTIONAL)
	e specific and cannot be more than five business days prior to or 90 days after
the date of filing.)	
	not meet the applicable statutory filing requirements, this date will not be listed as
the document's effective date on the Departm	ent of State's records.
ADTICLE VI. Od	
ARTICLE VI: Other provisions, if any.	
DVALIDED GLGN. MV	
REOUIRED SIGNATURE:	
ICLELIVALITAC	

/s/ ELIYAHU NOORANI

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

ELIYAHU NOORANI

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)