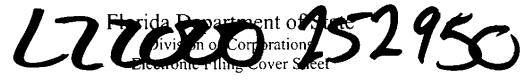
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Division of Corporations



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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: vmatkivski@gmail.com

FLORIDA LIMITED LIABILITY CO.

Five Park 4202 LLC

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

Electronic Filing Menu Corporate Filing Menu

Help

From:17184082550 To:18506176381

P: 2/3

(((H220001996173)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Five Park 4202 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:

<u>Mailing Address:</u>
18671 Collins Ave #1203
Sunny Isles Beach, FL 33160

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:

Vladimir Matkivski		
	Name	
18671 Collins Ave #12	203	
Florida street address	(P.O. Box <u>NOT</u> ac	cceptable)
Sunny Isles Beach	FL	33160
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/ Vladimir Matkivski

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page Lof 2



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Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	Administration of the second
MGR	Vładimir Matkivski 18671 Collins Ave #1203
	Sunny Isles Beach, FL 33160
-	
	
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