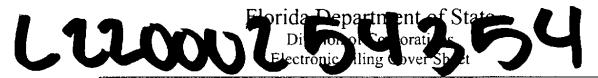
6/8/22, 12:47 PM

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.

(((H22000200016 3)))



H220002000163ABCN

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

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 future annual report mailings. Enter only one email address please.

Email Address: paul@peligri.com

FLORIDA LIMITED LIABILITY CO. 139 NE 7th Ave LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help



(((H220002000163)))

ARTICLES OF ORGANIZATION FOR FLOR	BIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	·
139 NE 7th Ave LLC	
(Must end with the words "Limited Liab	oility 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:
Principal Office Address: 77 Hubbard Ave	Mailing Address: 77 Hubbard Ave

Name

9507 NW 38th Street
Florida street address (P.O. Box NOT acceptable)

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 Vogel	
Registered Agent's Signature (REQUIRED)	•

(CONTINUED)

Page 1 of 2

22 JUN -9 PM R2: 35 SECRETARY OF STATE TALLAHASSEE, FLORIDA

FILED

17184082550

From: 17184082550 To: 18506176381

P: 3/3

(((H22000200016 3)))

Title:		Name and Address:
	thorized Member	
"MGR" = Man AMBR	ager	Steven Primont
AMDK		77 Hubbard Ave
		Red Bank, NJ 07701
AMBR		Paul Marcotte
1,11,1213		26 Herb Rd
		Middletown, NJ 07748
fective date is lis	date, if other than the date of	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90
LEV: Effective fective date is list of filing.) If the date inserte	date, if other than the date cated, the date must be spec	cific and cannot be more than five business days prior to or 90 ect the applicable statutory filing requirements, this date will not
LEV: Effective fective date is lis of filing.) f the date inserte	date, if other than the date of sted, the date must be spec- ed in this block does not me date on the Department o	cific and cannot be more than five business days prior to or 90 ect the applicable statutory filing requirements, this date will not
LE V: Effective fective date is list of filing.) If the date inserted inser	date, if other than the date of sted, the date must be spec- ed in this block does not me date on the Department o	cific and cannot be more than five business days prior to or 90 ect the applicable statutory filing requirements, this date will not if State's records.
LE V: Effective fective date is list of filing.) If the date inserted inser	date, if other than the date of ted, the date must be special in this block does not me date on the Department of visions, if any.	cific and cannot be more than five business days prior to or 90 ect the applicable statutory filing requirements, this date will not if State's records.
JE V: Effective fective date is list of filing.) If the date inserted innent's effective JE VI: Other pro-	date, if other than the date of ted, the date must be special in this block does not me date on the Department of visions, if any.	cific and cannot be more than five business days prior to or 90 eet the applicable statutory filing requirements, this date will not if State's records.
LE V: Effective fective date is list of filing.) If the date inserted innent's effective LE VI: Other pro-	date, if other than the date of sted, the date must be special in this block does not me date on the Department of visions, if any. IGNATURE: /s/ Craig S. Peligri, I Signature of a mer This document is execute I am aware that any false.	cific and cannot be more than five business days prior to or 90 eet the applicable statutory filing requirements, this date will not if State's records.
LE V: Effective fective date is list of filing.) If the date inserted innent's effective LE VI: Other pro-	date, if other than the date of sted, the date must be special in this block does not me date on the Department of visions, if any. IGNATURE: /s/ Craig S. Peligri, I Signature of a mer This document is execute I am aware that any false.	ect the applicable statutory filing requirements, this date will not if State's records. Esq. mber or an authorized representative of a member of a member of in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.
LE V: Effective fective date is list of filing.) If the date inserted innent's effective LE VI: Other pro-	date, if other than the date of sted, the date must be special in this block does not me date on the Department of evisions, if any. IGNATURE: /s/ Craig S. Peligri, I Signature of a mer This document is execute I am aware that any false constitutes a third degree	ect the applicable statutory filing requirements, this date will not if State's records. Esq. mber or an authorized representative of a member of a member of in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.