

6/10/22, 10:55 AM

Division of Corporations

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Florida Department of State

Division of Corporations

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To: Division of Corporations Fax Number : (850)617-6381

From: Account Name : USACORP INC. Account Number : I2013000019 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: yrnlavi@gmail.com

FLORIDA LIMITED LIABILITY CO. Chazak 2022 LLC

Table with 2 columns: Item, Value. Rows: Certificate of Status (0), Certified Copy (0), Page Count (02), Estimated Charge (\$125.00)

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Chazak 2022 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:

6365 Collins Ave #3811  
Miami, FL 33141

6365 Collins Ave #3811  
Miami, FL 33141

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:

Yaron Lavi  
Name

6365 Collins Ave #3811  
Florida street address (P.O. Box **NOT** acceptable)

Miami                      FL                      33141  
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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.*

/s/ Yaron Lavi  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

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

**Title:**  
 "AMBR" = Authorized Member  
 "MGR" = Manager  
 AMBR

**Name and Address:**  
 Yaron Lavi  
 6365 Collins Ave #3811  
 Miami, FL 33141

MGR

Joseph Fischman  
 4301 Collins Ave #403  
 Miami, FL 33140

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**REQUIRED SIGNATURE:**

/s/ Yaron Lavi

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.

Yaron Lavi

Typed or printed name of signer

**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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