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H220002155013ABCS

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To:

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

From:

Account Name	:	USACORP INC.
Account Number	:	120130000019
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: dtsel@hotmail.com



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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

6

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ARTICLE I - Name:

The name of the Limited Liability Company is:

9500 Bayeliff 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:
19 Lake Rd	19 Lake Rd
Great Neck, NY 11020	Great Neck, NY 11020

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:

Levi Vogel				
		2022 JUN		
9507 NW 38th Stree	. .			
Florida street addres	-			
Coral Springs	FL	33065	•	22
City	State	Zip	•	-0
			(

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 P 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)

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

Title:	Name and Address:				
"AMBR" = Authorized Member					
"MGR" = Manager					
AMBR	David Tse				
	19 Lake Rd				
	Great Neck, NY 11020				
(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				
(if an effective date is fisted, the date must be specific and	cannot be more than five business days prior to or yo havs after				
the date of filing.)					
	oplicable 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/ David Tse					

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.

David Tse

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)

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