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Division of Corporations

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From:  
Account Name : USACORP INC.  
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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: aron@mullercpa.com

**FLORIDA LIMITED LIABILITY CO.  
9273 BYRON AVENUE LLC**

Certificate of Status	0
Certified Copy	0
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

9273 BYRON AVENUE 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:

9273 BYRON AVENUE  
SURFSIDE, FL 33154

5513 12TH AVENUE SUITE 100  
BROOKLYN, NY 11219

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:

YORAM J TESHUBA

Name

9525 CARLYLE AVENUE

Florida street address (P.O. Box **NOT** acceptable)

SURFSIDE	FL	33154
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/ YORAM J TESHUBA

Registered Agent's Signature (REQUIRED)

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