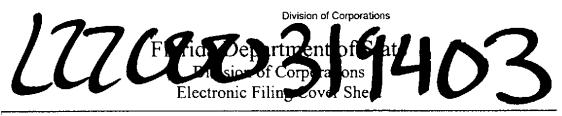
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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000246703 3)))



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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: \_\_\_\_\_cberkowitz@srxltc.com

## FLORIDA LIMITED LIABILITY CO.

## Berkowitz Masada LLC

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

Electronic Filing Menu Corporate Filing Menu

Help

(H220002467033)))

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
Berkowitz Masada LLC	
(Must end with the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
70 Union Ave	70 Union Ave
Brooklyn, NY 11206	Brooklyn, NY 11206

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or

The name and the Florida street address of the registered agent are:

another business entity with an active Florida registration.)

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

17184082550

Cheskel Berkowitz		
	Name	
7106 San Salvador I	Dr	
Florida street addre	ss (P.O. Box <u>NOT</u> ac	ceptable)
Boca Raton	FL	33433
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/ Cheskel Berkowitz

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

as

ARTICLE IV-

07/20/2022 16:39 17184082550 From:17184082550 To:18506176381

(((H22000246703 3)))

Title:		Name and Address:
	uthorized Member	
"MGR" = Ma		ci i in i sa
AMBR		Cheskel Berkowitz
		70 Union Ave
		Brooklyn, NY 11206
(Use attachm	ent if necessary)	
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Page 2 of 2