Florida Departmen

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : USACORP INC. Account Number : I20130000019 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: odedtabachnik@gmail.com

FLORIDA LIMITED LIABILITY CO. Harbour PH LLC

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

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Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Harbour PH 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:

16385 Biscayne Boulevard	16385 Biscayne Boulevard		
Unit 3215 and 3216	Unit 3215 and 3216		
North Miami Beach, FL 33160	Unit 3215 and 3216		

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:

:	Name	•
16385 Biscayne Boule	vard, Unit 3215 ar	nd 3216
Ftorida street address (P.O. Box <u>NOT</u> ac	reeptable)

North Miami Beach	<u> </u>	33160

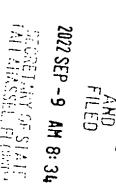
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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/ Oded	l abac	hnik
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Registered Agent's Signature (REQUIRED)

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

	" = Authorized Member	Name and Address:
"MGR" : AMBR	= Manager	Oded Tabachnik 16385 Biscayne Boulevard, Unit 3215 and 3216 North Miami Beach, FL 33160
MGR		Oded Tabachnik 16385 Biscavne Boulevard, Unit 3215 and 3216 North Miami Beach, FL 33160
		
(Use atta	ichment if necessary)	
(If an effective dat the date of filing.) Note: If the date	te is listed, the date must be specifi	iling: (OPTIONAL) ic and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed a date's records.
	her provisions, if any.	· · · · · · · · · · · · · · · · · · ·
REOUR	RED SIGNATURE:	
	/S/ Oded Tabachnik	
		er or an authorized representative of a member. in accordance with section 605.0203 (1) (b). Florida Statutes.

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.

Oded Tabachnik

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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