

L22000443252

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

(((H22000353700 3)))



H220003537003ABOV

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To:

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

From:

Account Name : WISE TAX FIRM INC.
Account Number : 120210000018
Phone : (786)620-0001
Fax Number : (786)227-6631

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA LIMITED LIABILITY CO. USA CONNECTIONS LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	

COVER LETTER

H220003537003

TO: New Filing Section
Division of Corporations

SUBJECT: USA CONNECTIONS LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MONICA RINCON

Name of Person

USA CONNECTIONS LLC

Firm/Company

8960 NW 23RD ST

Address

CORAL SPRINGS, FL 33065

City/State and Zip Code

MORINRU@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MONICA RINCON

561

371-5933

at

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

H220003537003

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

H220003537003

ARTICLE I - Name:

The name of the Limited Liability Company is:

USA CONNECTIONS LLC

(Must contain 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:8960 NW 23RD ST
CORAL SPRINGS, FL 330658960 NW 23RD ST
CORAL SPRINGS, FL 33065

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:

MONICA RINCON

Name

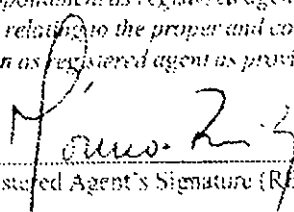
8960 NW 23RD STFlorida street address (P.O. Box **NOT** acceptable)CORAL SPRINGS, FL 33065

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.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

11/2/05

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ARTICLE IV-

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

MGR

MONICA RINCON

8960 NW 23RD ST

CORAL SPRINGS, FL 33065

AMBR

GUSTAVO ADOLFO ESGUERRA

8960 NW 23RD ST

CORAL SPRINGS, FL 33065

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 10/14/2022 (OPTIONAL)

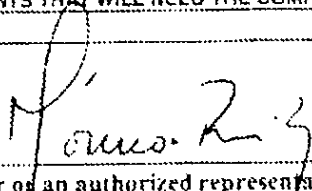
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.

EACH MEMBER GET THE 50% OF THE SHARES.

THE MGR IS AUTHORIZED FOR OPEN THE BANK ACCOUNTS THAT WILL NEED THE COMPANY

REQUIRED SIGNATURE:


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.

MONICA RINCON

Typed or printed name of signer