

**L22000504733**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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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: mayerciyl@gmail.com

**FLORIDA LIMITED LIABILITY CO.  
DOR CRESTVIEW LLC**

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

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22 DEC -2 PM 12:35  
FALLS CHURCH, VA

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Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DOR CRESTVIEW 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:

4502 13th Ave

Unit 310

Brooklyn, NY 11219

Mailing Address:

4502 13th Ave

Unit 310

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:

Levi Vogel

Name

9507 NW 38th Street

Florida 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.*

/s/ Levi Vogel

Registered Agent's Signature (REQUIRED)

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FALLAHOUSE, FL 33404

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ARTICLE IV.

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Jacob Fekete

2 Carroll Dr

Suffern, NY 10901

AMBR

Maver Weiss

1402 53rd St

Brooklyn, NY 11219

AMBR

Cham Weiss

8561 NW 162nd St

Miami Lakes, FL 33016

(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 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.

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**REQUIRED SIGNATURE:**

/S/ Mayer Weiss

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.

Maver Weiss

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)**

**S 5.00 Certificate of Status (Optional)**

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