orida Department of State

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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:slicata@jljiv.com	
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FLORIDA LIMITED LIABILITY CO. YMA CONSULTING GROUP, LLC

Certificate of Status	0
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Page Count	02
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Help D. O'KEEFE JAN - 5 2023

. From: 17184	1082 5 50 To:1 8 5061	76381 Date 4	Time 01/03/23 06:06PM Pages: 3		
(((1423000002375 3))))				
ARTICLESO)FORGANIZATĮON FO	R FLORIDA LIMIT	ED-LIABILITY COMPANY		
ARTICLE I - Name: The name of the Limited Liabil	nty Company is:		•		
YMA CONSULTIN		ed Liability Compa	iny, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street a	address of the principal	office of the Limit	ed Liability Company is:		
<u>Princi</u>	pal Office Address:		Mailing Address:		
2729 Appaloosa Trail Wellington, Fl. 33414			2729 Appaloosa Trail Wellington, FL 33414		
ARTICLE III - Registered Ag (The Limited Liability Compan another business entity with an	y cannot serve as its ov	en Registered Ager	gent's Signature: nt. You must designate an individual or		
The name and the Florida street	taddress of the register	ed agent are:			
	Stephen Licata				
		Name			
	2729 Appaloosa Tr	ail			
	Florida street address (P.O. Box <u>NOT</u> acceptable)				
	r fortat sacer tear		- '		
	Wellington	FL.	33414		

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. Thereby 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/ Stephen Licata

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

2023 JAN-4 PH 5: 2

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

Title; "AMBR" = Authorized Member	Same and Address:
"MGR" = Manager AMBR	Stephen Licata 2729 Appaloosa Trail
13.000	Wellington, FL 33414
AMBR	Amy Licata 2729 Appaloosa Trail Wellington, FL 33414
(Use attachment if necessary)	
f an effective date is listed, the date must be speci ie date of filing.)	filing:
RTICLE VI: Other provisions, if any.	202 3
	<u> </u>
REQUIRED SIGNATURE:	T T T T
/s/ Stephen Licata	- S - P 1
This document is executed I am aware that any false in	ther or an authorized representative of a member. 25 I in accordance with section 605.0203 (1) (b), Florida Statutes. 25 information submitted in a document to the Department of State 25 clony as provided for in s.817.155, F.S.
Stephen Licata	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)