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Division of Corporations Electronic Filing Cover Sheet

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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: anarrios1@gmail.com

FLORIDA LIMITED LIABILITY CO.

Arialoans LLC

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

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02/09/2023 11:56 From:1	7184082550 To:18	3506176381 Date	Time 02/09/23 11:56AM Pag	ges: 3 P: 2/3			
(((H23000052571 3))) 1	;		• •				
ARTICLES OF	ORGANIZATION FOR	FLORIDA LIMITED LI	ABILITY COMPANY				
ARTICLE I - Name: The name of the Lunited Liability	Company is.						
Arialoans LLC (Must end w	ith the words "Limited	Hiability Company, "	L.L.C.," or "LLC.")				
ARTICLE II - Address: The mailing address and street add	dress of the principal c	office of the Lamited La	ability Company is:				
Principa	Office Address:		Mailing Address:				
19469 40th Ave		19469	19469 40th Ave				
Golden Beach, FL 331	60	Golder	Beach, FL 33160				
(The Limited Liability Company canother business entity with an ac	tive Florida registratio	on.)	u must designate an individual or				
	Avraham Tarshish						
		Name					
	19469 40th Ave						
		s (P.O. Box <u>NOT</u> acce	ptables				
	Golden Beach	FL	33160				
	Спу	State	33160 Zip				
place designated in this certificate. I	hereby accept the app visions of all statutes i	ointment as registered clating to the proper ar	bove stated amited hability company at agent and agree to act in this capacity, ad complete performance of my duites, provided for in Chapter 603, F.S	, <i>I</i>			
	/s/ Avraham T	arshish					

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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2/09/2023	11:56	From: 17184082550	To:1850617638	l Date T	ime 02/09/23	11:56AM	Pages:	3 P:
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	ARTICL The name	E IV- rand address of each person	on authorized to man	nage and contr	of the Limited Lial	oilny Comp	any:	
	Title: "AMBR" = Authorized Member		Nam	Name and Address:				
		Manager	1940	69 40th Ave	1			
			Cok	den Beach, Fl.	. 55180	······································		
	· · · · · · · · · · · · · · · · · · ·							
	(Use attac	chment (f necessary)			****			
(H an et the date <u>Note:</u>	ffective date of filing.) If the date in	ctive date, if other than the e is listed, the date must t nscrted in this block does ective date on the Departi	or specific and cann not meet the applica	of be more the	an five business da	ays prior to	o or 90 d:	
ARTIC	LE VI: Oth	er provisions, if any.				<u></u>		
	REOUR	ED SIGNATURE:						
		/s/ Avraham Ta	rshish			Ξč	2023	
		This document is a	a member or an au xecuted in accordant false information su egree felony as prov	ee with section	1605 0203 (1) (35)	Harma St.	1101 <b>E</b> D	
		Avraham Ta	rshish Typed or prir	nted name of si	ignee	 13 جا 13 جا	PM 12: 52	: (
	\$125.00	Filing Fee for Articles o	<u>Filing</u> f Organization and		of Registered Age	FLORID:	: 52	

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