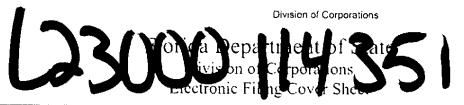
3/10/23, 2:21 PM



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(((H23000092772 3)))



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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:_

isaac@clickconnectny.com

FLORIDA LIMITED LIABILITY CO. Console Holdings LLC

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

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From: 171840	82550 To:1850617	6381 Date 4	F Time 03/10/23 02:26PM Pag	ges: 3
(((H23000092772 3)))				
ARTICLES OF	ORGANIZATION FOR	FLORIDALIM	ITED LIABILITY COMPANY	
ARTICLE I - Name: The name of the Limited Liabilit	y Company is:			
Console Holdings LL (Must end)		d Liability Con	pany, "L.L.C" or "LL.C.")	
ARTICLE II - Address: The mailing address and street ac	ldress of the principal c	office of the Lu	nited Liability Company is:	
<u>Principa</u>	il Office Address:		Mailing Address:	
1201 NE 175TH ST MIAMI, FL 33162			1201 NE 175TH ST MIAMI, FL 33162	~
another business entity with an a The name and the Florida street a	ū			
		Name	-7/4-/4-/	
	1201 NE 175TH ST			
	Florida street address (P.O. Box <u>NOT</u> acceptable)			
	MIAMI	FL.	33162	
	City	State	Zip	
place designated in this certificate, further agree to comply with the pro-	I hereby accept the apportisions of all statutes re	vintment as reg lating to the pr	or the above stated limited liability con istered agent and agree to act in this c oper and complete performance of my cont as provided for in Chapter 605, F	rapacity. 1 duties, and
	/s/ ISAAC EIG	NER		
	Regista	ered Agent's Si	gnature (REQUIRED)	
		CONTINU	·m	

(CONTINUED)

Page 1 of 2

., •	From: 171840825	50 To:18506176381	Date & Time 03/10/23 02:26PM Pages: 3		
(((H230	000092772 3)))				
	ARTICLE IV- The name and address of	each person authorized t	o manage and control the Limited Liability Company:		
Title: "AMBR" = Authorize "MGR" = Manager AMBR	"AMBR" = Authorized N	Acmber	Same and Address:		
	"MGR" = Manager AMBR	·	ISAAC EIGNER 1201 NE 175TH ST MIAMI, FL 33162		
	(Use attachment if necess	ary)			
(If an ef the date <u>Note:</u> 1	fective date is listed, the d of filing.)	ate must be specific and lock does not meet the ap			
ARTICI	LE VI: Other provisions, if	any.			
	REQUIRED SIGNATU	RE: AC EIGNER			
	This doct I am awar	iment is executed in accore that any false informati	ordance with section 605.0203 (1) (b). Florida Statutes, on submitted in a document to the Department of State provided for in s.817.155, F.S.		
	<u>1S</u>	AAC EIGNER			
		Typed o	r printed name of signee		
		E	iling 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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