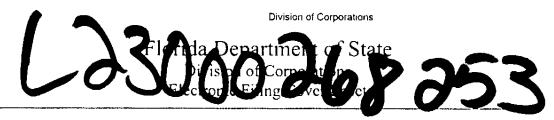
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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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: _____

jacob@donerighthfs.com

GRETARY OF STA

FLORIDA LIMITED LIABILITY CO.

Done Right Hood & Fire Safety Of S. Florida LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

The name of the Limited Liability Company is:

Done Right Hood & Fire Safety Of S. Florida 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:	Mailing Address:
22916 SW 104th Ave	317 Liberty Ave
Miami, FL 33190	Brooklyn, NY 11207

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:

	Name	
22916 SW 104th Av	re	
Florida street addre	ss (P.O. Box <u>NOT</u> ac	ecoptable)
Miami	FĻ	33190
City	State	Zip

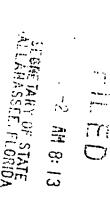
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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/ Jacob Chechkov				
Registered Agent's Signature (REQUIRED)				
(CONTINUED)				

(CONTINUED)

Page 1 of 2

(((H23000199721 3)))



06/01/2023	16:57	From: 17184082550	To:18506176381	Date T	ime (06/01/23	04:57PM	Pages:	3	P:	3/3
(((H230	000199721	3)))									
	ARTICLE The name	E IV- and address of each perso	on authorized to mana	ge and contr	ol the	Limited Liz	ibility Com	pany:			

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	Jacob Chechkov 317 Liberty Ave
	Brooklyn. NY 11207
(Use attachment if necessary)	
the date of filing.)	cannot be more than live business days prior to or 90 days after oplicable statutory filing requirements, this date will not be listed a
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
/s/ Jacob Chechkov	

Typed or printed name of signee

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

Filing Fees:

constitutes a third degree felony as provided for in s.817.155, F.S.

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Jacob Chechkov

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