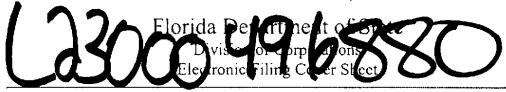
11/2/23, 12:07 PM

Division of Corporations



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.

(((H23000381524 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

Email Address:

: (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....

sam@bladefunding.com

FLORIDA LIMITED LIABILITY CO.

Web Fund LLC

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

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Corporate Filing Menu

Help



30003815243)))			
ARTICLES	OF ORGANIZATION FOR	RFLORIDA LIM	ITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liabi	lity Company is:		
Web Fund LLC			
(Must co	ntain the words "Limited	Liability Comp	pany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street	address of the principal	office of the Lir	nited Liability Company is:
Princi	pat Office Address:		Mailing Address:
1700 N Dixie Hwy	1		1700 N Dixic Hwy,
Stc 119			Stc 119
Boca Raton, FL 33	432		Boca Raton, FL 33432
The name and the Florida stree	et address of the registere Shraga Braun	d agent are:	
		Name	
	1700 N Dixie Hwy,	Stc 119	
	Florida street addre		OT acceptable)
	Boca Raton	FL	33432
	City	State	Zip
place designated in this certificate further agree to comply with the	e, I hereby accept the apportantes i	pointment as reg relating to the pr	or the above stated limited liability company at vistered agent and agree to act in this capacity, roper and complete performance of my duties, gent as provided for in Chapter 605, F.S
		raga Braun	
	Regis	tered Agent's S	ignature (REQUIRED)

11/02/2023 12:13 From:17184082550 To:18506176381 Date Time 11/02/23 12:13FM Pages: 3 P: 2/3

(CONTINUED)

11/02/2023 12:13 From:17184082550 To:18506176381 Date Time 11/02/23 12:13PM Pages: 3 P: 3/3

(((H23000381524 3)))

. . . .

ARTICLE	IV-

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

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager <u>AMBR</u>	EOM Funding LLC 1700 N Dixie Hwy, Ste 119 Boca Raton, FL 33432
AMBR	SIMBA THE ALCOHOLIC LLC 1515 Pine Street. Lakewood, NJ, 08701
(Use attachment if necessary)	
(If an effective date is listed, the date must be the date of filing.)	the of filing:
REQUIRED SIGNATURE:	
/s/ Shraga Brau	n
This document is exec I am aware that any fa	nember or an authorized representative of a member. Suited in accordance with section 605.0203 (1) (b). Florida Statutes. Use information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.
Shraga Braun	

Filing Fees:

Typed or printed name of signee

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

\$ 5.00 Certificate of Status (Optional)