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Name:	USA Manufa	acturing Solutions, LL	С
Document #:			
Order #:	15257958		
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COVER LETTER

	ew Filing Sec ivision of Cor					
SUBJECT	USA Manu	facturing Solution:	s, LLC			
SUBJECT	·	Nam	e of Limited	Liability	Company	
The enclos	ed Articles of	Organization and f	ee(s) are sub	mitted fo	r filing.	
Please retu	rn all correspo	indence concerning	this matter t	o the foll	owing:	
	Emilia Giani	nakopoulos				
			Na	ime of Po	erson	
			Fi	irm/Comj	pany	_
	1170 Gulf B	lvd. PH 2101				
				Addres	S	
	Clearwater E	Beach, FL 33767				
	emilia333@ic	doud com	City/S	tate and	Zip Code	
•			be used for f	uture anr	ual report notificati	on)
For further i	nformation co	ncerning this matte	т. please call	:		
	Emilia Gianr	akopoulos	727 _at (١	777-2132	
	Nam	e of Person			Daytime Telephone	2 Number
Enclosed in	s a check for t	he following amou	nt:			
	Filing Fee	□\$130.00 Filing Certificate of St	g Fee & atus	Certified	00 Filing Fee & Copy copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New F Division P.O. B	ng Address iling Section on of Corporations ox 6327 assee, FL 32314		N T 24	ew Filing Section Di he Centre of Tallaha 415 N. Monroe Stree allahassee, FL 3230	issee et, Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

USA Manufacturing Solutions, LLC

(Must contain 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 Ac	idress:
---------------------	---------

Mailing Address:

1170 Gulf Blyd	1170 Gulf Blvd	
PH 2101	PH 2101	
Clearwater Beach, FL 33767	Clearwater Beach, FL 33767	

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:

C T Corporation System	
Name	

1200 South Pine Island Road

Florida street address (P.O. Box NOT acceptable)

Plantation	Florida	33324
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..

C T Corporation System

By: Katheyn Oliddoor- Assistant Secretary
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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		
Authorized Member	Emilia Giannakopoulos 1170 Gulf Blvd, PH 2101 Clearwater Beach, F1. 33767	
		_
		
(Use attachment if necessary)		
the date of filing.) Note: If the date inserted in this block does not the document's effective date on the Department ARTICLE VI: Other provisions, if any.	meet the applicable statutory filing requirements, this date will tof State's records.	not be listed as
REQUIRED SIGNATURE:		
	Kyli Mesel	
This document is exect I am aware that any fals	when or an authorized representative of a member, ated in accordance with section 605.0203 (1) (b), Florida Statute in formation submitted in a document to the Department of State felony as provided for in s.817.155, F.S.	es. nte
Kyle Mosey	Typed or printed name of signee	
	Filing Fees:	
\$125.00 Filing Fee for Articles of Or \$ 30.00 Certified Copy (Optional)	ganization and Designation of Registered Agent	22
S 5.00 Certificate of Status (Option	nal)	2023 5