(((H240001614063)))



H240001614063ABCY

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: officemanager@mcfcapitalllc.com

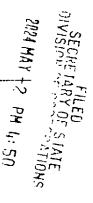
FLORIDA LIMITED LIABILITY CO. Hatzlacha Partners XIV Manager LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help





(((H240001614063)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	43.71				4 .1	
Α	к	11	Ų,	LE	 Nα	me:

The name of the Limited Liability Company is:

Hatzlacha Partners XIV Manager 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:

11900 N Bayshore Drive, Unit 20811900 N Bayshore Drive, Unit 208North Miami, FL 33181North Miami, FL 33181

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:

Mendel Fischer

Name

11900 N Bayshore Drive, Unit 208

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

North Miami FL 33181

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/ Mendel Fischer

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2



(((H240001614063)))

ARTICLE IV-

"AMBR" = Authorized M "MGR" = Manager AMBR	Name and Address:
	1ember
AMBR	
1117171	Mendel Fischer
	11900 N Bayshore Drive, Unit 208
	North Miami, FL 33181
nent's effective date on th	
	RE:
REQUIRED SIGNATUI /s/ Meno	
/s/ Meno	
/s/ Mend Sigr This docu I am awar	nature of a member or an authorized representative of a member. Jument is executed in accordance with section 605.0203 (1) (b), Florida Statutes, re that any false information submitted in a document to the Department of State as a third degree felony as provided for in s.817.155, F.S.
/s/ Mend Sign This docu I am awar constitute	ament is executed in accordance with section 605.0203 (1) (b), Florida Statutes, re that any false information submitted in a document to the Department of State as a third degree felony as provided for in s.817.155, F.S.
/s/ Mend Sign This docu I am awar constitute	ament is executed in accordance with section 605.0203 (1) (b), Florida Statutes, re that any false information submitted in a document to the Department of State

Page 2 of 2

\$ 5.00 Certificate of Status (Optional)