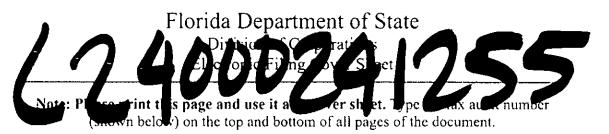
Division of Corporations



(((H240001921513)))



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: ___lmatthewgrant@gmail.com

FLORIDA LIMITED LIABILITY CO.

Secured Cabinets & Kitchen Design Sales LLC

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

Electronic Filing Menu Corporate Filing Menu

Help

Secured Cabinets & Kitchen Design Sales LLC

Principal Office Address:

(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:

1549 Northwest 165 Street	1549 Northwest 165 Street
Miami , FL 33169	Miami , FL 33169

Mailing Address:

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:

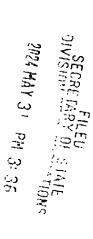
Nationwide Registe	red Agents Corp.	
	Name	
7064 Northwest 49t	h Street	
Florida street addre	ss (P.O. Box <u>NOT</u> ac	eceptable)
Lauderhill	FL	33319
City	State	Zip

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/ Joseph Strauss	
Registered Agent's Signature (REQUIRED)	

(CONTINUED)

Page 1 of 2



(((H240001921513)))

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
AMBR - MGR	Matthew Grant
	1549 Northwest 165 Street
	Miami, FL 33169
	
-	
(Use attachment if necessary)	
CLE V: Effective date, if other than the date of til effective date is listed, the date must be specific to of filing.)	ling:
CLE V: Effective date, if other than the date of til effective date is listed, the date must be specific te of filing.) If the date inserted in this block does not meet t	and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed a
CLE V: Effective date, if other than the date of til effective date is listed, the date must be specific to of filing.) If the date inserted in this block does not meet to be unent's effective date on the Department of State CLE VI: Other provisions, if any.	and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed a
CLE V: Effective date, if other than the date of til effective date is listed, the date must be specific to of filing.) If the date inserted in this block does not meet to cument's effective date on the Department of State CLE VI: Other provisions, if any. REQUIRED SIGNATURE:	and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed a
CLE V: Effective date, if other than the date of til effective date is listed, the date must be specific te of filing.) If the date inserted in this block does not meet to be current's effective date on the Department of State CLE VI: Other provisions, if any. REOURED SIGNATURE: /s/ Matthew Grant Signature of a member of this document is executed in a may any any false information.	and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed a
CLE V: Effective date, if other than the date of til effective date is listed, the date must be specific to of filing.) If the date inserted in this block does not meet to ocument's effective date on the Department of State CLE VI: Other provisions, if any. REOURED SIGNATURE: /s/ Matthew Grant Signature of a member This document is executed in I am aware that any false inforcenstitutes a third degree felo	r or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes. branching and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed a ate's records.

Page 2 of 2

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

\$ 5.00 Certificate of Status (Optional)