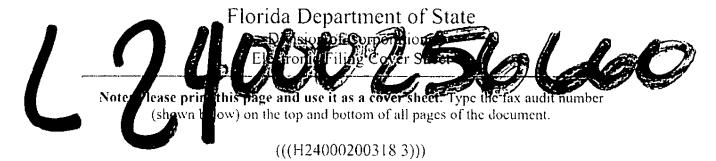
6/7/24, 10:31 AM

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : USACORP INC. Account Number : I20130000019 : (718)362-4789 Phone 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: Yisroel@mcaplatform.com

FLORIDA LIMITED LIABILITY CO.

MCA Platform LLC

Certificate of Status Certified Copy Page Count Estimated Charge

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06/07/2024 10:46 From: 17184082550 To: 18506176381 Date Time 06/07/24 10: 45AM Pages: 3 P: 2/3

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:
The name of the Limited Liability Company is:

MCA Platform 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:

1515 Pine St, Ste 140	1515 Pine St. Ste 140
Lakewood, NJ 08701	Lakewood, NJ 08701

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:

SIMBA THE ALCO	HOLIC LLC	
	Name	
331 W 41st St		
Florida street addres	ss (P.O. Box <u>NOT</u> ac	reeptable)
Miann Beach	FL.	33140
City	State	Zip

Having been named as registered agent and to accept service of process for the above stated limited hability 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/ Y Simcha Charlop

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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(((1124009200318.3)))		
ARTICLE IV- The name and address o	f each person authorized to manage and control the Limited Liability Company:	
Title: "AMBR" = Authorized: "MGR" = Manager AMBR	Name and Address: SIMBA THE ALCOHOLIC LLC 331 W 41st St Miami Beach, FL 33140	- - - -
(Use attachment if neces	sary)	- - - -
(If an effective date is listed, the of the date of filing.) Note: If the date inserted in this	her than the date of filing:	•
Sig This doe	moha Charlop gnature of a member or an authorized representative of a member, ument is executed in accordance with section 605.0203 (1) (b), Florida Statutes	
constitut	re that any false information submitted in a document to the Department of State es a third degree felony as provided for in s.817.155, F.S. Simeha Charlop Typed or printed name of signee	•

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)