(((H24000217470 3)))



H240002174703ABC.

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 : (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: josephgroveman@gmail.com

BAIRO

## FLORIDA LIMITED LIABILITY CO.

## Joseph Consulting FL LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

06/24/2024 13:15 From: 17184082550 To: 18506176381 Date Time 06/24/24 01:15PM Pages: 3 P: 2/3 (((H24000217470 3))) ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: Joseph Consulting FL 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: 194 Upminster L 626 Emerson St Deerfield Beach, FL 33442 Woodingre, NY 11598 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: Joseph Groveman Name 194 Upminster L Florida street address (P.O. Box NOT acceptable) Deerfield Beach 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 l am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S., /s/ Joseph Groveman Registered Agent's Signature (REQUIRED) (CONTINUED) Page Lof 2

(((H24000217470 3)))

"AMBR" = \\\'	Authorized Member	Name and Address:
AMBR		Joseph Groveman
		626 Emerson St
		Woodmere, NY 11598
		<del>-</del>
		······································
		<del> </del>
		····
		<del></del>
	nent if necessary)	
ective date is	ve date, if other than the date of	of filing:
ective date is of filing.) f the date inse	ve date, if other than the date of listed, the date must be specified in this block does not m	cific and cannot be more than five business days prior to or 90 d eet the applicable statutory filing requirements, this date will not b
fective date is of filing.) f the date inse unent's effect	ve date, if other than the date of listed, the date must be specified in this block does not make the date on the Department of	cific and cannot be more than five business days prior to or 90 d eet the applicable statutory filing requirements, this date will not b
fective date is of filing.) If the date insome the date insome the date insome the date insome the date in the dat	we date, if other than the date of listed, the date must be specified in this block does not make date on the Department of provisions, if any.	cific and cannot be more than five business days prior to or 90 d sect the applicable statutory filing requirements, this date will not b of State's records.
ective date is of filing.) If the date insement's effect E VI: Other	we date, if other than the date of listed, the date must be specified in this block does not make date on the Department of provisions, if any.	cific and cannot be more than five business days prior to or 90 d seet the applicable statutory filing requirements, this date will not b of State's records.
ective date is of filing.) I the date insement's effect insert. E.VI: Other	ve date, if other than the date of listed, the date must be specified in this block does not make date on the Department of provisions, if any.	cific and cannot be more than five business days prior to or 90 d seet the applicable statutory filing requirements, this date will not b of State's records.
ective date is of filing.) I the date insement's effect insert. E.VI: Other	ve date, if other than the date of listed, the date must be specified in this block does not make date on the Department of provisions, if any.	cific and cannot be more than five business days prior to or 90 diect the applicable statutory filing requirements, this date will not be State's records.
ective date is of filing.) I the date insement's effect insert. E.VI: Other	ve date, if other than the date of listed, the date must be specified in this block does not make date on the Department of provisions, if any.	cific and cannot be more than five business days prior to or 90 diect the applicable statutory filing requirements, this date will not be State's records.
ective date is of filing.) I the date insement's effect insert. E.VI: Other	ve date, if other than the date of listed, the date must be specified in this block does not make date on the Department of provisions, if any.  2 SIGNATURE:  /s/ Joseph Grovema  Signature of a menual provision of the document is executed any false.	cific and cannot be more than five business days prior to or 90 diect the applicable statutory filing requirements, this date will not be State's records.
ective date is of filing.) I the date insement's effect insert. E.VI: Other	ve date, if other than the date of listed, the date must be specified in this block does not make date on the Department of provisions, if any.  2 SIGNATURE:  /s/ Joseph Grovema  Signature of a menual provision of the document is executed I am aware that any false constitutes a third degree	eific and cannot be more than five business days prior to or 90 dieet the applicable statutory filing requirements, this date will not but State's records.  The modern of an authorized representative of a member, ed in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.
ective date is of filing.) The date insement's effect	ve date, if other than the date of listed, the date must be specified in this block does not make date on the Department of provisions, if any.  2 SIGNATURE:  /s/ Joseph Grovema  Signature of a menual provision of the document is executed any false.	eific and cannot be more than five business days prior to or 90 dieet the applicable statutory filing requirements, this date will not but State's records.  The modern of an authorized representative of a member, ed in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.

Page 2 of 2

\$ 5.00 Certificate of Status (Optional)