Division of Corporations Electronic Filing Cover Sheet

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(((H24000227261 3)))



H240002272613ABC-

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Division of Corporations

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Fax Number

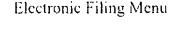
: (718)408-2550

iter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: jon@black-biscuit.com

FLORIDA LIMITED LIABILITY CO. PASKOFF & ASSOCIATES, LLC

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



Corporate Filing Menu

Help



07/02/2024 \$6:53 From: 17184082550 To: 18506176381 Date Time 07/02/24 04:53PM Pages: 3 P: 2/3 (((H240002272613))) ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: PASKOFF & ASSOCIATES, 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: 4119 Gunn Hwy 4119 Gunn Hwy Unit #24 Unit #24 Tampa, FL 33618 Tampa, FL 33618 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 (egistration.) The name and the Florida street address of the registered agent are: Jonathan Paskoff Name 4119 Gunn Hwy, Unit #24 Florida street address (P.O. Box NOT acceptable) City 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. Thereby 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.. Ist Jonathan Backoff

/S/	Jonathan Paskoli
	Registered Agent's Signature (REQUIRED)

(CONTINUED)

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	ARTICLE IV- The name and address o	ach person authorized to manage and control the Limited Liability Company:	
	Title: "AMBR" = Authorized i	Name and Address:	
	"MGR" = Manager	The top of the control of	
	AMBR	Thunder Bay Holding Company Inc. 4119 Gunn Hwy, Unit #24	
		Tampa, FL 33618	
	ALCO D		
	MGR	Jonathan Paskoff 4119 Gunn Hwy, Unit #24	
		Tampa, FL 33618	
	(Use attachment if neces	rv)	
ARTIC	•	r than the date of filing:	
(If an o	ffective date is listed, the	te must be specific and cannot be more than five business days prior to or 90	days after
the dat	e of filing.)		
		ock does not meet the applicable statutory filing requirements, this date will not Department of State's records.	be listed a:
		·	
ARTIC	CLE VI: Other provisions, (ny.	
			
	REQUIRED SIGNATU	F:	
	THE PERSON NAMED IN COLUMN 1		

constitutes a third degree felony as provided for in s.817.155, F.S.

Jonathan Paskoff 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)

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