7/23/24, 12:36 PM



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(((H24000249096 3)))



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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: ____MARKEI2@COMCAST.NET

FLORIDA LIMITED LIABILITY CO. LRA BEACH REALTY LLC

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

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. From: 17184	082550 To:185061	76381 Date & T	ime 07/23/24 12:47FM Pages	: 3
(((H24000249096 3)))				
ARTICLESO	FORGANIZATION FO	R FLORIDA LIMITE	D LIABILITY COMPANY	
ARTICLE I - Name: The name of the Limited Liabili	ty Company is:			
LRA BEACH REAL (Must end		ed Liability Compar	ny, "LLLC" or "LLC.")	
ARTICLE II - Address: The mailing address and street a	ddress of the principal	office of the Limite	d Liability Company is:	
<u>Princir</u>	al Office Address:		Mailing Address:	
509 SPRING AVE		12	7 PLYMOUTH RD	
ANNA MARIA, FL	34216	1/1	LLSDALE, NJ 07642	
ARTICLE III - Registered Ag (The Limited Liability Compan- another business entity with an The name and the Florida street	vonnot serve as its ov active Florida registrat	m Registered Agent ion.)	ent's Signature: . You must designate an individual or	·
	Nationwide Regist	ered Agents Com		
		Name	· · · · · · · · · · · · · · · · · · ·	
	7064 Northwest 49	th Street		
		ess (P.O. Box <u>NOT</u>	acceptable)	
	Lauderhill	FL	33319	

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.,

State

Zip

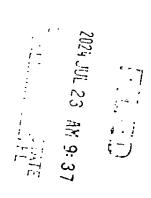
Cny

/s/ Joseph Strauss

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title; "AMBR" = Authorized Member "MGR" = Manager	Same and Address:
AMBR	ALFREDO MONAGAS 127 PLYMOUTH RD HILLSDALE, NJ 07642
AMBR	OLGA MONAGAS 127 PLYMOUTH RD HILLSDALE, NJ 07642
	
(Use attachment if necessary)	
(If an effective date is listed, the date must be spotthe date of filing.) Note: If the date inserted in this block does not not the document's effective date on the Department of	of filing:
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
/s/ ALFREDO MON	IAGAS
This document is execut I am aware that any false	mber or 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 telony as provided for in s.817.155, F.S.
ALFREDO MON	!AGAS
	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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