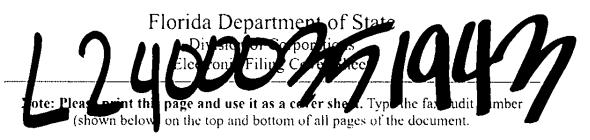
8/15/24, 4:43 PM

Division of Corporations



(((H24000274630 3)))



H240002746303ABC

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: jguttman97@gmail.com

PH 5: 20

FLORIDA LIMITED LIABILITY CO. 7732TWINLEAF LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

(((H240002746303)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| Α | D | т. | | • | T | T. | T | | • | | | | |
|-----|---|----|---|-----|---|----|---|---|---|---|---|----|---|
| -73 | ĸ | | ľ | . , | L | r | | • | 1 | а | и | K. | i |

The name of the Limited Liability Company is:

7732TWINLEAF 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: |
|---------------------------|---------------------|
| 727 Bedford Ave #5B | 727 Bedford Ave #5B |
| Brooklyn, NY 11205 | Brooklyn, NY 11205 |
| | |

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:

| | Name | |
|-----------------------|----------------------------|------------|
| 7732 Twinleaf Ter V | Vy | |
| Florida street addres | ss (P.O. Box <u>NOT</u> ac | eceptable) |
| Parrish | FL | 34219 |
| 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/ | Abraham Guttman | |
|-----|-----------------------------------------|--|
| | Registered Agent's Signature (REQUIRED) | |

(CONTINUED)

Page Lof 2

(((H24000274630 3)))

PINT AUC IS PH 2: IC

(((H240002746303)))

| itle: AMBR" = Authorized Member | Name and Address: |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MGR" = Manager | |
| AMBR, MGR | Abraham Guttman |
| | 727 Bedford Ave #5B Brooklyn, NY 11205 |
| | Вгооктуп, в 1 11203 |
| | |
| | |
| | A |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| V: Effective date, if other than the date (tive date is listed, the date must be soliding.) | e of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90 |
| V: Effective date, if other than the date tive date is listed, the date must be s filing.) he date inserted in this block does not | e of filing: |
| V: Effective date, if other than the date tive date is listed, the date must be so filing.) he date inserted in this block does not ment's effective date on the Department. VI: Other provisions, if any. | e of filing: |
| ctive date is listed, the date must be s f filing.) the date inserted in this block does not nent's effective date on the Departmen LVI: Other provisions, if any. | e of filing: |
| V: Effective date, if other than the date tive date is listed, the date must be so filing.) the date inserted in this block does not a directly effective date on the Department. VI: Other provisions, if any. | e of filing: |
| CV: Effective date, if other than the date ctive date is listed, the date must be soffiling.) The date inserted in this block does not ment's effective date on the Department. CVI: Other provisions, if any. REQUIRED SIGNATURE: /s/ Abraham Guttr Signature of a nor This document is exected any aware that any fall. | e of filing: |
| (V: Effective date, if other than the date tive date is listed, the date must be suffiling.) The date inserted in this block does not sent's effective date on the Department. VI: Other provisions, if any. REOURED SIGNATURE: /s/ Abraham Guttr Signature of a number of the document is exected an aware that any fall constitutes a third degree. | meet the applicable statutory filing requirements, this date will not to of State's records. member or an authorized representative of a member, uted in accordance with section 605.0203 (1) (b). Florida Statutes, see information submitted in a document to the Department of State see felony as provided for in s.817.155, F.S. |
| V: Effective date, if other than the dat tive date is listed, the date must be suffling.) ne date inserted in this block does not ent's effective date on the Department. VI: Other provisions, if any. EQUIRED SIGNATURE: /s/ Abraham Guttr Signature of a number of a number of a number of a number of an aware that any fall. | meet the applicable statutory filing requirements, this date will not to of State's records. member or an authorized representative of a member, uted in accordance with section 605.0203 (1) (b). Florida Statutes, see information submitted in a document to the Department of State see felony as provided for in s.817.155, F.S. |
| V: Effective date, if other than the dat tive date is listed, the date must be s filing.) ne date inserted in this block does not ent's effective date on the Departmen VI: Other provisions, if any. EQUIRED SIGNATURE: /s/ Abraham Guttr Signature of a n This document is exect 1 am aware that any fall constitutes a third degree. | neet the applicable statutory filing requirements, this date will not to of State's records. nan member or an authorized representative of a member, uted in accordance with section 605.0203 (1) (b). Florida Statutes, see information submitted in a document to the Department of State ere felony as provided for in s.817.155, F.S. |