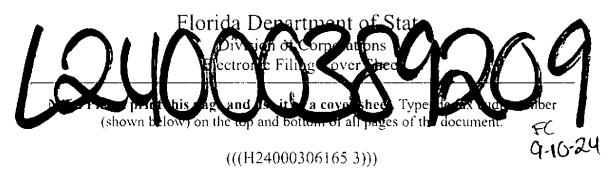
Division of Corporations





H240003061653ABC.

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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : USACORP INC. Account Number : I20130000019 Phone : (718)362-4789 : (718)408-2550 Fax Number

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

Email Address: oranmoko22@gmail.com

FLORIDA LIMITED LIABILITY CO. Eleve Med Spa LLC

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

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Help

09/09/2024 10:56 From: 17184082550 To:18506176381 Date Time 09/09/24 10:56AM Pages: 3 P: 2/3 (((14240003061653))) ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: Eleve Med Spa LLC (Must end with the words "Limited Liability Company, "L.E.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: 1910 Thomas Street 1910 Thomas Street Hollywood, FL 33020 Hollywood, FL 33020 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: Oran Mokotov Name 1910 Thomas Street Florida street address (P.O. Box NOT acceptable) Hollywood City Having been named as registered agent and to accept service of process for the above stated limited liability compan \Box 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 dutic Pand I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605/E.S.. /s/ Oran Mokotov Registered Agent's Signature (REQUIRED)

(CONTINUED)

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09/09/2024 - 16:56 From:17184082550 To:18506176381 Date Time 09/09/24 10:56AM Pages: 3 P: 3/3

(((H240003061653)))

Title: "AMBR": "MGR" =	= Authorized Member	Name and Address:		
AMBR. N		Oran Mokotov 1910 Thomas Street Hollywood, FL 33020		
AMBR. N	1GR	Shlomo Muratov 1959 East 9th Street		
		Brooklyn, NY 11223		
				
(Use attacl	nment if necessary)			
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\$ 5.00 Certificate of Status (Optional)