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From:

Account Name : USACORP INC.

Account Number : 120130000019

Phone : (718)362-4789

Fax Number

: (718)408-2550

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Email Address:

officemanager@mcfcapitalllc.com

FLORIDA LIMITED LIABILITY CO.

Hatzlacha Partners XVI LLC

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Help



	10:41	From: 17184082550 To: 18506					
(((H2400	0307756 3	·))) .					
	AR	TICLES OF ORGANIZATION FOR FLOI	RIDA LIMITED L	ABILITY COMPANY	·		
	E1 - Name: of the Lunit	ted Liability Company is:					
	Hatzlacha	Partners XVI LLC					
		Must end with the words "Limited Liab	pility Company, 6	L.L.C" or "LLC.")			
	E II - Addre ng address a	ess: nd street address of the principal office	of the Limited L	iability Company is:			
	Principal Office Address: Mailing Add						
		BAYSHORE DR, UNIT 208	11900	N BAYSHORE DR	, UNIT 208		
(The Limit	E III - Regis	MAMI, FL 33181 Stered Agent, Registered Office, & Recompany cannot serve as its own Reg	egistered Agent'	H MIAMI, FL 3318 s Signature: ou must designate an			
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(The Limi another by The name Having been place design further agree	E III - Registed Liability usiness entite and the Floren named as in maned in this tee to comply	Stered Agent, Registered Office, & Registered Agent, Registered Office, & Registered Agent of the registered agent of the registered agent NATIONWIDE REGIST No. 7064 NORTHWEST 49T Florida street address (P.6) LAUDERHILL City registered agent and to accept service of certificate, I hereby accept the appointment of the provisions of all statutes relations.	egistered Agent. Your stered Agent. You stered Agent. You stered Agent. You stered Agent. You stered Agent State FL State [process for the agent as registered agent as agistered agent as stered agent	s Signature: ou must designate an CORP. 23319 Zip bove stated limited lie agent and agree to a nd complete performe	individual or ability compai ct in this capa	ny at uh e icity. I	

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0/2024	10:41	From: 17184082550 To: 185061	176381 Date	Time 09/10/	24 10:41AM Pag	jes:	
(((H240	00307756	3)))					
	ARTICLE IV- The name and address of each person authorized to manage and control the Limited Liability Company:						
	Title: "AMBR" = Authorized Member "MGR" = Manager		Name and Addr	<u>ess:</u>			
	AMBR	Manager	MENDEL FISC	HORE DR. UN	IT 208		
			NORTH MIAM	E FE 33181		_	
						_	
						_	
						_	
						<u>-</u> - :	
	(Use attac	hment if necessary)				-	
(If an ef the date <u>Note:</u> 1	ffective date of filing.) If the date in	etive date, if other than the date of filings is listed, the date must be specific and ascreed in this block does not meet the a active date on the Department of State?	d cannot be more t	han five busine	ess days prior to or	90 d	
ARTIC	LE VI: Otho	or provisions, if any.					

	REOURI	<u>ED</u> SIGNATURE:					
		/s/ MENDEL FISCHER					
		Signature of a member or This document is executed in acc I am aware that any false informa constitutes a third degree felony a	cordance with section submitted in a	on 605.0203 (1) document to the	(b). Florida Statuto	es. te	
		MENDEL FISCHER	 		· 		
		Typed	or printed name of	signee			

3/3

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\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)