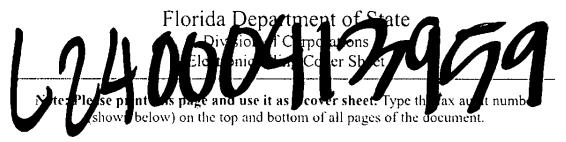
9/27/24, 9:41 AM

Division of Corporations



(((H24000328602 3)))



H240003286023ABC

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 : (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: J.G.Khair@outlook.com

FLORIDA LIMITED LIABILITY CO. Orbital Capital Analytics, LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

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.

State

Zip

City

/s/ ALEX TEMIZ

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page Lof 2

(((H24000328602 3)))

ON THE SEPTIMENT OF THE SERVICE STATES OF TH

ARTICLE IV- The name and address of each person a	outhorized to manage and control the Limited Liability Company:
Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager AMBR - MGR	ALEX TEMIZ
	6800 INDIAN CREEK DR UNIT 604
	MIAMI BEACH, FL 33141
te of filing.)	te of filing:
CLE V: Effective date, if other than the date effective date is listed, the date must be s te of filling.) If the date inserted in this block does not becoment's effective date on the Departmen	meet the applicable statutory filing requirements, this date will not be lis
CLE V: Effective date, if other than the date effective date is listed, the date must be s te of filing.) If the date inserted in this block does not	meet the applicable statutory filing requirements, this date will not be list of State's records.
CLE V: Effective date, if other than the date effective date is listed, the date must be s te of filing.) If the date inserted in this block does not occument's effective date on the Departmen CLE VI: Other provisions, if any.	meet the applicable statutory filing requirements, this date will not be list of State's records.
CLE V: Effective date, if other than the date effective date is listed, the date must be s te of filing.) If the date inserted in this block does not occument's effective date on the Departmen CLE VI: Other provisions, if any.	meet the applicable statutory filing requirements, this date will not be list of State's records.
CLE V: Effective date, if other than the date effective date is listed, the date must be s te of filing.) If the date inserted in this block does not occument's effective date on the Departmen CLE VI: Other provisions, if any.	meet the applicable statutory filing requirements, this date will not be list of State's records.
CLE V: Effective date, if other than the date effective date is listed, the date must be ste of filing.) If the date inserted in this block does not occument's effective date on the Department of the Departmen	meet the applicable statutory filing requirements, this date will not be list of State's records.
CLE V: Effective date, if other than the date effective date is listed, the date must be ste of filing.) If the date inserted in this block does not occument's effective date on the Department of the Departmen	meet the applicable statutory filing requirements, this date will not be list of State's records. nember or an authorized representative of a member, uted in accordance with section 605.0203 (1) (b), Florida Statutes, se information submitted in a document to the Department of State ce felony as provided for in s.817.155, F.S.
CLE V: Effective date, if other than the date effective date is listed, the date must be ste of filing.) If the date inserted in this block does not occument's effective date on the Department of the Departmen	meet the applicable statutory filing requirements, this date will not be list of State's records. nember or an authorized representative of a member, uted in accordance with section 605.0203 (1) (b), Florida Statutes, se information submitted in a document to the Department of State
CLE V: Effective date, if other than the date effective date is listed, the date must be ste of filing.) If the date inserted in this block does not occument's effective date on the Department of the Departmen	meet the applicable statutory filing requirements, this date will not be list of State's records. member or an authorized representative of a member, uted in accordance with section 605.0203 (1) (b), Florida Statutes, se information submitted in a document to the Department of State ec felony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees: reganization and Designation of Registered Agent

· . . .