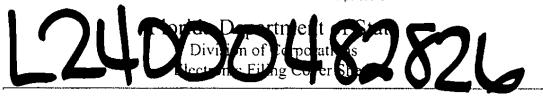
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Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000380503 3)))



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 : (718)362-4789 Phone 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. **

Shlomo@SRelectricMVC.com

Shlomo@SRelectricNYC.com Email Address:_

FLORIDA LIMITED LIABILITY CO.

SRB Impression LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

Principal Office Address:

Mailing Address:

 5601 Collins Ave Apt 701
 5601 Collins Ave Apt 701

 Miami Beach, FL 33140
 Miami Beach, FL 33140

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The mailing address and street address of the principal office of the Limited Liability Company is:

(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:

Shlomo Retek		
	Name	
5601 Collins Ave A	pt 701	
Florida street addres	ss (P.O. Box <u>NOT</u> ac	eceptable)
Miami Beach	FL	33140
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/ Shlomo Retek
	Registered Agent's Signature (REQUIRED)
	(CONTINUED)
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SECRETARY OF STATE

angi NOV 15 PM 3:

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

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR - MGR	Shlomo Retek 5601 Collins Ave Apt 701 Miami Beach, FL 33140
(Use attachment if necessary)	
the date of filing.)	cannot be more than five business days prior to or 90 days after oplicable statutory filing requirements, this date will not be listed as
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
/s/ Shlomo Retek	
This document is executed in acco	ordance with section 605.0203 (1) (b), Florida Statutes, ion submitted in a document to the Department of State

Shlomo Retek

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)

constitutes a third degree felony as provided for in s.817.155, F.S.

\$ 5.00 Certificate of Status (Optional)

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