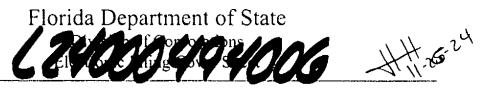
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Division of Corporations



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.

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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.\*\* 8442mildreddrive@maslinkski.net

Email Address:

山

# FLORIDA LIMITED LIABILITY CO. 8442 MILDRED DRIVE LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

8442 Mildred Drive 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:
88-38 240th St	88-38 240th St
Bellrose, NY 11426	Belirose, NY 11426

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:

Nationwide Register	red Agents Corp.	
	Name	
7064 Northwest 49tl	h Street	
Florida street addres	ss (P.O. Box <u>NOT</u> ac	eceptable)
Lauderhill	FL	33319
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/ Joseph Strauss	
Registered Agent's Signature (REQUIRED)	

(CONTINUED)

Page 1 of 2

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ARTICLE IV-

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address;
AMBR	Rosanna Maslinski 88-38 240th St Belfrose, NY 11426
<del></del>	
(Use attachment if necessary)	
ate of filing.)	cannot be more than five business days prior to or 90 days a pplicable statutory filing requirements, this date will not be lis

# REQUIRED SIGNATURE:

## /s/ Rosanna Maslinski

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Rosanna Maslinski

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)
- \$ 5.00 Certificate of Status (Optional)

Page 2 of 2