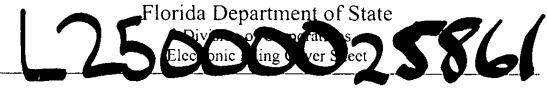
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Division of Corporations



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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.

Email Address:__

nunezceo19@icloud.com

FLORIDA LIMITED LIABILITY CO. **SB Elite Holdings LLC**

AM 9: 51	
125 JAN 16	

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

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLE II - Address:

SB Elite Holdings LLC

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

Principal Office Address:	Mailing Address:
1070 Montgomery Rd Unit 529	1070 Montgomery Rd Unit 529
Altamonte Springs, FL 32714	Altamonte Springs, FL 32714

(Must end with the words "Limited Liability Company, "L.L.C.." or "LLC.")

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:

	Name	
1070 Montgomery Rd	Unit 529	
Florida street address	(P.O. Box <u>NOT</u> ac	:ceptable)
Altamonte Springs	FL	32714
City	State	Zip

Having been named as registered agent and to accept service of process for the above stated limited fiability 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/ Skye Pagan

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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 MGR	Skyc Pagan			
	6218 Edgerton Ave			
		Orlando, FL 32833		
AMB	R - MGR	Bryan Nunez		
		6218 Edgerton Ave		
		Orlando, FL 32833		

(Use a	attachment if necessary)			
ARTICLE V:	Effective date, if other than the dat	e of filing: (OPTIONAL)		
		pecific and cannot be more than five business days prior to or 90 days afte		
the date of filin				
		meet the applicable statutory filing requirements, this date will not be listed		
the document s	effective date on the Departmen	tor state's records.		
ARTICLE VI:	Other provisions, if any.			
		, , , , , , , , , , , , , , , , , , ,		
REO	<u>FIRED</u> SIGNATURE:			
	/s/ Skye Pagan			
	Signature of a m	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		
		ee felony as provided for in s.817.155, F.S.		

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Skyc Pagan

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