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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.\*\*

bernardeisdorfer@gmail.com Email Address:

## FLORIDA LIMITED LIABILITY CO.

223 Wellington G, LLC

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

2025 HAY.

Electronic Filing Menu Corporate Filing Menu

Help

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

223 Wellington G, LLC

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

ARTICLE H - Address:

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

## Principal Office Address:

Mailing Address:

223 Wellington G West Palm Beach, FL 33417 PO Box 342 Monsey, NY 10952

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:

Bernard Eisdorfer

Name

223 Wellington G

Florida street address (P.O. Box NOT acceptable)

West Palm Beach

City

State

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. 1 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/ Bernard Eisdorfer

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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25 MAY -5 AM 4: 02

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	Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager AMBR - MGR	Bernard Eisdorfer 223 Wellington G West Palm Beach, FL 33417		
	(Use attachment if necessary)		
(If an c the dat <u>Note:</u>	effective date is listed, the date must be specific of filing.)	filing: (OPTIONAL)  ic and cannot be more than five business days prior to or 90 days after  t the applicable statutory filing requirements, this date will not be listed as State's records.	
ARTIC	CLE VI: Other provisions, if any.		
	REQUIRED SIGNATURE:		

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.

Bemard Eisdorfer

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)

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