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(((H14000052783 3)))



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To:

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Fax Number

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From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053

: (561)694-8107

Fax Number

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#### Foreign Limited Liability Company USA DISCOUNTS LLC

Certificate of Status	1
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March 5, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CORPORATE CREATIONS

SUBJECT: USA DISCOUNTS LLC

REF: W14000014115

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List the title for the person listed in #9.,

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers FAX Aud Regulatory Specialist II Letter Registration/Qualification Section

FAX Aud. #: H14000052783 Letter Number: 514A00004766



March 6, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CORPORATE CREATIONS

SUBJECT: USA DISCOUNTS LLC

REF: W14000014115

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers FAX Aud. #: H14000052783
Regulatory Specialist II Letter Number: 514A00004766
Registration/Qualification Section

#### H14000052783

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LL  (If name is unavailable, enter alternate name adopted for the purpose of transacting business in Flor copy of the written consent of the managers or managing member adopting the alternate name. The must include "Limited Liability Company," "LLC," or "LLC.")  Delaware  (Jurisdiction under the law of which foreign limited liability company is organized)  February 24, 2014  (Date of Organization)  (Date of Organization)  (Date first transacted business in Florida, if prior to registration.)	orida and attach a no alternate name opticable)			
Copy of the written consent of the managers or managing member adopting the alternate name. The must include "Limited Liability Company," "LLC," or "LLC.")  Delaware  [Jurisdiction under the law of which foreign limited liability company is organized)  February 24, 2014  [Date of Organization]  [Duration: Year Limited Liability cease to exist or "perpetual upon filing of this application	pplicable)			
(Jurisdiction under the law of which foreign limited liability company is organized)  February 24, 2014  (Date of Organization)  (Duration: Year Limited Limiting of this application  (FEI Number if application)  5. perpetual  (Duration: Year Limited Limiting of this application)				
February 24, 2014   5   perpetual     (Date of Organization)   (Duration: Year Limited Limit				
(Date of Organization)  (Duration: Year Limited Limite	Liability Company			
will cease to exist or "perpulsion upon filing of this application	Liability Company			
	petual")			
1110 Brickell Ave., Ste. 310				
Miami, FL 33131				
(Principal Office Address)	Top 1			
1221 Brickell Avenue, Suite 900-928	; J			
Miaml, FL 33131				
(Mailing Address)	, , , , ,			
If limited liability company is manager-managed company, click here				
The name, title or capacity and address of the person(s) who has/have authority to r	manage is/are:			
Sebastian Sorstayn Darcyl, Member 1110 Brickell Ave., Ste. 310 Miami FL 33131				

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized (a photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida:

All Lawful Purposes

Signature of a member or an authorized representative of a member. (in accordance with section 605.0203(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true)

Sebastian Sorstayn Darcyl

by Lauren Vadney as attorney-in-fact

Typed or printed name of signee

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name	of the Limited Liability	/ Company is:	
If unavailabl	e, the alternate to be use	ed in the state of Florida is:	
2. The name	and the Florida street a	ddress of the registered agent and off	ice are:
	NS Corporate Serv		
	1110 Brickell Ave.,	, p , j	
	Florida S	treet Address (P.O. Box NOT ACCEPTABLE)	
			\$ 5
	Miami	FL 33131 City/State/Zip	<u> </u>
liability comp registered ag statutes relati	oany at the place designate ent and agree to act in the ing to the proper and con- ligations of my position to	ent and to accept service of process for ated in this certificate, I hereby accept his capacity. I further agree to comply implete performance of my duties, and as registered agent as provided for in corate Services Inc.  (Signature)	the appointment as v with the provisions of all I am familiar with and
		•	
		100.00 Filing Fee for Application	
	\$ \$	25.00 Designation of Registered 2 30.00 Certified Copy (optional)	Agent
	\$	5.00 Certificate of Status (option	nal)

# Delaware

DAGE 1

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "USA DISCOUNTS LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTH DAY OF MARCH, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "USA DISCOUNTS LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF FEBRUARY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5487266 8300

140278966

You may verify this certificate online at coxp. delaware.gov/authver.shtml

AUTHENTY CATION: 1173692

DATE: 03-04-14