

M17000008427

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H17000258938 3)))



H170002589383ABCA

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 : (350) 617-6283

From: Account Name : USACORP INC.
Account Number : 120130060019
Phone : (718) 262-4789
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: owensfreed@gmail.com

Foreign Limited Liability Company
MOGGIO, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

2017 OCT -2 PM 3:16

MAIL ADDRESS: 11-11-11

OCT 03 2017
J. HARRIS

Electronic Filing Menu

Corporate Filing Menu

Help

((H17000258938 3)))

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

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

1. MOGGIO, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. NEW YORK

(Jurisdiction under the law of which foreign limited liability
company is organized)

3.

(FEI number, if applicable)

4.

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2655 LeJeune Road, Suite 316

Coral Gables, FL 33134

(Street Address of Principal Office)

6. 2655 LeJeune Road, Suite 316

Coral Gables, FL 33134

(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Philippe Moggio, MGR, 4635 SW 76 Street, Miami, FL, 33143

Jane L. Moggio, MGR, 4635 SW 76 Street, Miami, FL, 33143

8. 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)

/s/ Philippe Moggio

Signature of an authorized person

In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Philippe Moggio

Typed or printed name of signee

((H17000258938 3)))

((H17000258938 3)))

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:

MOGGIO, LLC

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

Florida Company Registry, Inc.

(Name)

2655 LeJeune Road, Suite 316

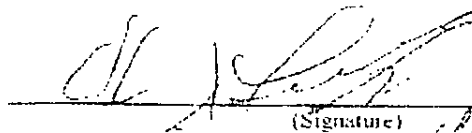
Florida Street Address (P.O. Box NOT ACCEPTABLE)

Coral Gables

FL 33134

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, Florida Statutes.


(Signature) **OWEN C. FREED** *President*

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

((H17000258938 3)))

((H17000258938.3)))

State of New York
Department of State } ss:

I hereby certify, that MOGGIO, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 04/08/2014, and that the Limited Liability Company is existing so far as shown by the records of the Department.

The Biennial Statement is past due.



*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 27th day of September
two thousand and seventeen.*

Brendan W. Fitzgerald
Executive Deputy Secretary of State

201709260133 - BW

((H17000258938.3)))