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S. ROBERTS

APR - 4 2023

COVER LETTER

TO:

Registration Section Division of Corporations

USAMERICANBUSINESS L SJECT:	
	Name of Limited Liability Company
enclosed "Application by Foreign Limit tence, and check are submitted to registe	red Liability Company for Authorization to Transact Business in Florida," Certificate er the above referenced foreign limited fiability company to transact business in Flor
se return all correspondence concerning	this matter to the following:
Alejandro A. Sardinas	
	Name of Person
	Firm/Company
3830 W 8th Way	
	Address
Hialeah, Fl. 33012	
	City/State and Zip Code
usamericanbusines@gmail.c	com
E-mail ac	ddress: (to be used for future annual report notification)
further information concerning this matt	er, please call:
Alejandro A. Sardinas	786 786-515-4021 at () Person Area Code Daytime Telephone Number
Name of Contact 1	Person Area Code Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
· · · · · · · · · · · · · · · · · · ·	ORIDA DEPARTMENT OF STATE
■ \$125,00 Filing Fee □ \$130.	.00 Filing Fee & \$\Begin{array}{c}\$\$ \$155.00 Filing Fee & \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$

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

IN COMPLANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1. USAMERICANBUSINESS LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LL.C.") (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.") Company was created in the State of Delaware EIN# 92-2347933 (Jurisdiction under the Law of which foreign limited liability company is organized) (FEI number, if applicable) (Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605 0905, F.S. to determine penalty liability). 3830 W 8th Way, Hialeah, FL 33012 3830 W 8th Way, Hialeah, FL 33012 (Street Address of Principal Office) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Alejandro A. Sardinas Name: 3830 W 8th Way Office Address: Hialeah Registered agent's acceptance: 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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Alejandro A. Sardinas ■ Manager ■ Manager Name: Address: 3830 W 8th Way ■Member □Member Address: Hialcah, FL 33012 Authorized □ Authorized Person Person □Other_____ □Other_____ □Other □Other □ Name: _____ ☐ Manager □ Manager □Member Address: ☐ Member Address: ☐ Authorized ☐ Authorized Person Person □Other_____ □Other_____ □Other____ □Other____ □Manager Name: □ Manager Name: _____ ☐Member Address: ☐ Member Address: _____ □Authorized □ Authorized Person Person □Other____ □Other___ □Other_____ □Other_____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. 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 conditutes a third degree felony as provided for in s.817.155, F.S. Signature of an authorized person

Typed or printed name of signee

Alejandro A. Sardinas



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "USAMERICANBUSINESS 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 TWENTY-FOURTH DAY OF FEBRUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID

"USAMERICANBUSINESS LLC" WAS FORMED ON THE FIFTEENTH DAY OF

FEBRUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



Authentication: 202777977

Date: 02-24-23