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.

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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.**	RETAINY OF STA	2021 AUG -5 AH 11: 4
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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

TICLE III PURPOSE purpose for which the corporation is organized is: Management Services ACRETA STATE STAT	anal Road	Principal <u>street</u> address	Mailing address, if different is:	
TICLE IV SHARES number of shares of stock is: TICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Address Staten Island, NY 10314 Name and Title: Address Name and Title: Address Name and Title: Address Address: Address:				
TICLE IV SHARES 200 TICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Address Staten Island, NY 10314 Name and Title: Address Name and Title: Address Address: Address Address: Address: Address:	ICLE III PURPO ourpose for which th	SE Manage corporation is organized is:	gement Services	
TICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Address Name and Title: Address Name and Title: Name and Title: Address Name and Title: Address Address: Address:				2021 SEC
Name and Title: Address Address: Address Address:				ETARY OLLARIASS
Name and Title: Address Staten Island, NY 10314	ICLE IV SHARE number of shares of s	200		
Address Staten Island, NY 10314 Name and Title: Address Address: Address:		Vitrobak Nauman Brazidant		
Name and Title: Address Address:		148 Fields Avenue	Address:	
Address:Address:				
	Name and Title:		Name and Title:	
			Address:	
Name and The: [Name and The.	Address			
AddressAddress:				

From: 17184082550 To: 18506176381

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Name ar	nd Title:	Name and Title:		_	
Address	s	Address:		_	
				_	
	REGISTERED AGENT				
	Torida street address (P.O. Box NOT accepta Isaac Zwick	ble) of the registered agent is:			
Name:	4000 North Hills Drive Unit 36				
Address:	Hollywood, FL 33021		,		
			2021 AUG SECRETA	व्यक्त	
ARTICLE VII	<u>INCORPORATOR</u>		LAH LAH		
The name and a	ddress of the Incorporator is:			Services:	
Name:	Yitzehak Newman				
Address:	148 Fields Avenue		AM II: 4 OF STAT SSEE, FL	الاست	
	Staten Island, NY 10314		rii —		
Effective date, it	EFFECTIVE DATE: Sother than the date of filing: date is listed, the date must be specific and diling.)	. (OPTIONAL annot be more than five busine	.) ess days prior or 90 business	,	
	e inserted in this block does not meet the appli effective date on the Department of State's rec		s, this date will not be listed a	as	
Having been na this certificate, I	med as registered agent to accept service of pa am familiar with and accept the appointment	rocess for the above stated corpor as registered agent and agree to a	ration at the place designated act in this capacity	l in	
/s/	′ Isaac Zwick		08/04/2021		
	Required Signature/Registered Agen	i	Date	_	
	cument and affirm that the facts stated herei. Department of State constitutes a third degree			па	
/	s/ Yitzchak Newman		08/04/2021		
	ired Signature/Incorporator		Date		