

**P220000025161**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H22000122377 3)))



H220001223773ABC.

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
COMMERCIAL SERVICES

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**US Y MED CONCEPT MANAGEMENT, CORP**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

STILL

2022 APR - 4 AM 2:04

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Help

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**The name of the corporation shall be: US Y MED CONCEPT MANAGEMENT, CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address  
11050 SW 163RD STREET  
MIAMI, FL 33157Mailing address, if different is:  
11050 SW 163RD STREET  
MIAMI, FL 33157**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: EDGARDO USIN

Name and Title: \_\_\_\_\_

Address PRESIDENT

Address: \_\_\_\_\_

11050 SW 163RD STREETMIAMI, FL 33157

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

2022 APR -4 AM 2:04

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: EDGARDO USIN  
Address: 11050 SW 163RD ST  
MIAMI, FL 33157

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: EDGARDO USIN  
Address: 11050 SW 163RD STREET  
MIAMI, FL 33157

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

\_\_\_\_\_  
Required Signature/Registered Agent

03/31/2022  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the 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.*

\_\_\_\_\_  
Required Signature/Incorporator

03/31/2022  
Date

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April 2, 2022

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

GERALD WEINBERG

SUBJECT: KNUCKLEHEADS, LLC  
REF: W22000043029

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.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L21000161031.

Please return 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) 245-6052.

Tammi Cline FAX Aud. #: H22000119842  
Regulatory Specialist II Supervisor Letter Number: 422A00007703

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Apr. 4. 2022 2:51PM

(GEALD WEINBERG 119842 3)

No. 1356 P. 2/3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

KNUCKLEHEADS TOO, LLC

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

ARTICLE II - Address:

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

Principal Office Address:

6022 SW 58TH STREET  
SOUTH MIAMI, FLORIDA 33143

Mailing Address:

6022 SW 58TH STREET  
SOUTH MIAMI, FLORIDA 33143

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:

JUSTIN HAUSMAN

Name

6022 SW 58TH STREET

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

<u>SOUTH MIAMI</u>	<u>FLORIDA</u>	<u>33143</u>
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, F.S..

Justin Hausman

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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Apr. 4. 2022 2:51PM

GEALD WEINBERG

(H22000119842 3)

No. 1356 P. 3/3

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR/MGR

JUSTIN HAUSMAN

6022 SW 58TH STREET

SOUTH MIAMI, FLORIDA 33143

MGR

MICHAEL J. HAUSMAN

15 SOMERSET PLACE

SYOSSET, NEW YORK 11791

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

*Lawrence A. Kirsch*

Signature of a member or an authorized representative of a member.  
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 constitutes a third degree felony as provided for in s.817.155, F.S.

LAWRENCE A. KIRSCH

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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