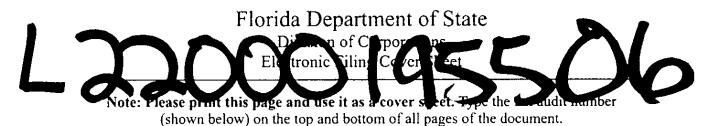
From: 17184082550 To: 18506176381

P: 1/3

5/12/22, 1:45 PM

Division of Corporations



(((H22000170677 3)))



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 : (850)617-6381

From:

Account Name : USACORP INC. Account Number : I20130000019 : (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.

Email Address: Email@israeldana.com

FLORIDA LIMITED LIABILITY CO. MIAMI VACATION MANAGEMENT LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu

Help

17184082550

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: MIAMI VACATION MANAGEMENT LLC (Must end with 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: Mailing Address: 777 Kent Ave #225 777 Kent Avc #225 Brooklyn, NY 11205 Brooklyn, NY 11205 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: Levi Vogel Name

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..

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

9507 NW 38th Street

City

Coral Springs

/s/ Levi Vogel

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2



Title: "AMBR" = Authorize	<u>Name and Address:</u> d Member
"MGR" = Manager	
AMBR	Israel Ary Dana
	2 Getzil Berger 301
	Monroc, NY 10950
	
	,,,,,,,,,,,,,,,
ffective date is listed, th	other than the date of filing:
effective date is listed, the te of filing.) If the date inserted in th	other than the date of filing: (OPTIONAL)
effective date is listed, the of filing.) If the date inserted in the current's effective date of	other than the date of filing:
effective date is listed, thate of filing.) If the date inserted in the ocument's effective date of CLE VI: Other provisions REOURED SIGNA	other than the date of filing:
effective date is listed, thate of filing.) If the date inserted in the ocument's effective date of the comment's effective date of the comment o	other than the date of filing:
effective date is listed, the of filing.) If the date inserted in the occurrent's effective date of CLE VI: Other provisions REQUIRED SIGNA /s/ Is This of Lam a	other than the date of filing:
effective date is listed, the of filing.) If the date inserted in the cument's effective date of CLE VI: Other provisions REQUIRED SIGNA /s/ Is This of I am a	TURE: rael Ary Dana Signature of a member or an authorized representative of a member. document is executed in accordance with section 605.0203 (1) (b), Florida Statutory at that any false information submitted in a document to the Department of Statutory as provided for in s.817.155, F.S. Israel Ary Dana
effective date is listed, the of filing.) If the date inserted in the cument's effective date of CLE VI: Other provisions REQUIRED SIGNA /s/ Is This of I am a	TURE: rael Ary Dana Signature of a member or an authorized representative of a member. document is executed in accordance with section 605.0203 (1) (b). Florida Statutory at third degree felony as provided for in s.817.155, F.S.
effective date is listed, the of filing.) If the date inserted in the cument's effective date of CLE VI: Other provisions REQUIRED SIGNA /s/ Is This of Lam a	TURE: rael Ary Dana Signature of a member or an authorized representative of a member. document is executed in accordance with section 605.0203 (1) (b). Florida Statutory that any false information submitted in a document to the Department of Statutory that any false information submitted in a document to the Department of Statutory at that any false information submitted in s.817.155, F.S. Israel Ary Dana Typed or printed name of signee
effective date is listed, the of filing.) If the date inserted in the current's effective date of CLE VI: Other provisions REQUIRED SIGNA /s/ Is This of I am a consti	TURE: rael Ary Dana Signature of a member or an authorized representative of a member. document is executed in accordance with section 605.0203 (1) (b). Florida Statutoware that any false information submitted in a document to the Department of Statutoware that any false information submitted in a submitted in a secure of the Department of Statutoware that any false information submitted in a
effective date is listed, the of filing.) If the date inserted in the cument's effective date of CLE VI: Other provisions REQUIRED SIGNA /s/ Is This of I am a consti	other than the date of filing: