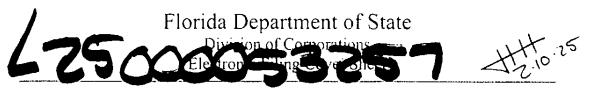
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Division of Corporations



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 : 120130000019 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.

Email Address: Kornfeldlevi03@gmail.com

FLORIDA LIMITED LIABILITY CO.

SeaCap Consulting LLC

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

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Corporate Filing Menu

Help

02/07/2025 14:59 From: 17184082550 To: 18506176381 Date Time 02/07/25 02:59PM Pages: 3 P: 2/3 (((H2500(X)484313))) ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: SeaCap Consulting 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: 4813 Banyan Lanc. 4813 Banyan Lanc. Tamarac FL 33319 Tamarac FL 33319

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 Kornfeld		
	Name	
4813 Banyan Lane,		
Florida street addres	s (P.O. Box <u>NOT</u> ac	eceptable)
Tamarac	FL	33319
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.,

/s/ Levi Korr	nfeld		
Reg	gistered Agent's Si	gnature (REQU	JIRED)

(CONTINUED)

Page 1 of 2

25 FEB -7 AMI2: 55

02/07/2025 14:59 From:17184082550 To:18506176381 Date Time 02/07/25 02:59PM Pages: 3 P: 3/3 (((H250000484313)))

Title: "AMBR" = Autho	rized Member	Name and Address:		
"MGR" = Manage AMBR		Levi Kornfeld 4813 Banyan Lune.		
		Tamarac FL 33319		
				
(Use attachment if	necessary)			
(If an effective date is listed the date of filing.) Note: If the date inserted in	, the date must be specific as	applicable statutory filing requi	(OPTIONAL) siness days prior to or 90 days after frements, this date will not be listed as	
ARTICLE VI: Other provisi	ons, if any.			
REQUIRED SIG	NATURE:			
/s/	Levi Kornfeld			
l a	is document is executed in a may aware that any false inform	or an authorized representative coordance with section 605.0203 nation submitted in a document to a sprovided for in s.817.155. F.	(1) (b), Florida Statutes. o the Department of State	
	Levi Kornfeld			

Filing Fees:

Typed or printed name of signee

\$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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