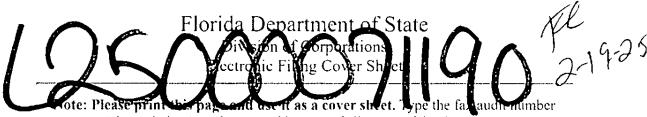
Division of Corporations



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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.

Email Address: ____simchajoel@gmail.com

FLORIDA LIMITED LIABILITY CO. DIVREI SIMCHA LLC

Certificate of Status	0
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Estimated Charge	\$125.00

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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:

Parrish, FL 34219

Name

7629 Depot Loop

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

Parrish FL 34219

City State Zip

Kiryas Joel, NY 10950

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/ Joel Simcha	
Registered Agent's Signature (REQUIRED)	

(CONTINUED)

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Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR - MGR	Joel Simcha
AMDK - MOK	1 Kerestier Ct Unit 103
	Kirvas Joel, NY 10950
(Use attachment if necessary)	
E V: Effective date, if other than the ective date is listed, the date must	e date of filing:
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