



Corporate Packet

State of Florida

Department of State

I certify from the records of this office that USA CAPITAL FUND LLC is a limited liability company organized under the laws of the State of Florida, filed on December 18, 2015.

The document number of this limited liability company is L15000210033.

I further certify that said limited liability company has paid all fees due this office through December 31, 2020, that its most recent annual report was filed on November 4, 2020, and that its status is active.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Fourth day of November, 2020*



Ronald R. De
Secretary of State

Tracking Number: 9602038727CC

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>

THE CITY OF HOLLYWOOD
PLANNING AND URBAN DESIGN DIVISION

CERTIFICATE OF USE

This "Certificate of Use" verifies that the use described below is an allowable use for the identified property. Said verification of use is based upon the list of allowable uses per the applicable Zoning District as identified in the Zoning and Land Development Regulations and, the uses allowed per the Land Use Element of the City's Comprehensive Plan. Certification of use in no way waives or guarantees compliance with other applicable Zoning and Land Development Regulations. This property must fully comply with all applicable Codes and Ordinances prior to the commencement of the approved use. If the business set forth, engages in any activity which is in violation of Federal, State, County or Local Law, then this Certificate of Use is subject to immediate revocation. This Certificate was issued digitally during the COVID-19 Pandemic. Any Certificate of Use issued in error shall be revoked.

CERTIFICATE OF USE NO: 2020-CU-0529

Street Address: 2450 Hollywood Blvd

Bay/Suite: 503

Folio Number: 5142-16—JB-0370

Zip Code: 33020

Business Name: USA Capital Fund LLC dba USA Medical Supply

Business Owner: Ero Assets LLC

Use/Business Type: Office

Zoning District: RC-1

Land Use Designation: RAC

Conditions: No outdoor storage or display. Office use only.

CERTIFICATE APPROVED BY Omar Yusuf DATE 4-2-2020
Omar Yusuf
Assistant Planner

MUST BE POSTED AT BUSINESS LOCATION



**CITY OF HOLLYWOOD
TREASURY SERVICES DIVISION
LOCAL BUSINESS TAX**

**USA CAPITAL FUND, LLC
2450 HOLLYWOOD BLVD, #CU503
HOLLYWOOD, FL 33020**

Please contact us with any changes or corrections to your information.

CUSTOMER SERVICE: Should you have any questions regarding Local Business Tax or need to update / correct any information related to your Business Tax Account, please contact us by phone at 954-921-3225, by email at businesstax@hollywoodfl.org or in person at City Hall, Room 103, 2600 Hollywood Blvd. Please send all written correspondence to: City of Hollywood, Treasury Services Division, Attn: Business Tax, Room 103, PO Box 229045, Hollywood, FL 33022-9045.

PURSUANT TO STATE LAW, LOCAL BUSINESS TAX IS LEVIED FOR THE PRIVILEGE OF DOING BUSINESS WITHIN A CITY'S LIMITS, AND IS NON-REGULATORY IN NATURE. ISSUANCE OF A LOCAL BUSINESS TAX RECEIPT BY THE CITY OF HOLLYWOOD DOES NOT MEAN THAT THE CITY HAS DETERMINED THAT THE EXISTING OR PROPOSED USE OF A LOCATION IS LAWFUL. ISSUANCE OF A LOCAL BUSINESS TAX RECEIPT DOES NOT LEGALIZE OR CONDONE THE NATURE OF THE BUSINESS BEING CONDUCTED IF CONTRARY TO ANY LOCAL, STATE OR FEDERAL LAW OR REGULATION.

THIS IS NOT A BILL. DO NOT PAY.

BELOW IS YOUR LOCAL BUSINESS TAX RECEIPT. PLEASE DETACH AND POST THIS LOCAL BUSINESS TAX RECEIPT IN A CONSPICUOUS PLACE AT YOUR PLACE OF BUSINESS.



2019/2020 LOCAL BUSINESS TAX RECEIPT

Business Name: **USA CAPITAL FUND, LLC**
DBA:
Business Location: **2450 HOLLYWOOD BLVD, #CU503**
Business Category: **SERVICE/OTHER BUSINESS**
Classification: **Office**
Tax Basis: **2 - 4 WORKERS**

Account Registration #: **B9068370-2020**
Expiration Date: **9/30/2020**
Tax Rate: **\$122.00**



Tal Abergel <erorentals6@gmail.com>

Registration Activated for USA CAPITAL FUND LLC / 117503571 / 8MJ89

1 message

samadmin@sam.gov <samadmin@sam.gov>

Thu, Jul 2, 2020 at 8:46 AM

To: tal@usamedicalsupply.org

Cc: tal@usamedicalsupply.org

This email was sent by an automated administrator. Please do not reply to this message.

Dear Tal Abergel,

The registration for USA CAPITAL FUND LLC / 117503571 / 8MJ89 is now active in the U.S. federal government's System for Award Management (SAM). If you did not provide a Commercial and Government Entity (CAGE) Code during the registration process, one has been assigned to you by the Defense Logistics Agency (DLA) CAGE Program.

In order to remain eligible to do business with the Federal government, you must renew your entity's registration in SAM every year. The annual renewal date for the registration is 2021-06-15 10:26:29.063.

You may invite additional users to manage or review your entity registration by following these steps:

1. Go to www.sam.gov and log in.
2. Select Entity Users from the sub-navigation menu on the My SAM page.
3. Select Invite User from the Entity Users menu.
4. Select the desired entity from the Level List.
5. Provide invitee's email address.
6. Assign role(s) to be associated with the user account.
7. Select Submit.

All invitees will receive an email message from SAM with instructions on how to complete the process.

Remember, this process is entirely FREE to you. It is FREE to register and maintain your registration in SAM. It is FREE to get help with your registration. Contact our supporting Federal Service Desk at www.fsd.gov, or by telephone at 866-606-8220 (toll free) or 334-206-7828 (internationally), for FREE help.

In addition, if you are located in the U.S. and its outlying areas, you can also get FREE support from your local Procurement Technical Assistance Center (PTAC), an official resource for government contracting assistance. Go to <http://www.aptac-us.org/> to find your closest PTAC.

Thank you,

The System for Award Management (SAM) Administrator

<https://www.sam.gov>

Thank you for requesting a D&B D-U-N-S® Number. We completed our validation process and created your D-U-N-S.

Your D-U-N-S Number is **117503571**.

To register with SAM, please enter your business name and address exactly as follows:

- **Legal Business Name:**
 - **USA CAPITAL FUND LLC**
Trade Style(s): USA MEDICAL SUPPLY
- **Address:**
 - **2450 HOLLYWOOD BLVD STE 503**
HOLLYWOOD FL 33020
Tel: 786 344-6620

Your newly created DUNS number will be eligible for Entity Registration at SAM.gov after 24-48 hours.

You may receive a Customer Service Survey. Please take a moment to provide feedback regarding your experience.

Sincerely,

Tenekee

D&B Government Customer Response Center

Case #25193631



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

Detail by Entity Name

Florida Limited Liability Company
USA CAPITAL FUND LLC

Filing Information

Document Number L15000210033
FEI/EIN Number 30-1118932
Date Filed 12/18/2015
State FL
Status ACTIVE
Last Event REINSTATEMENT
Event Date Filed 01/16/2018

Principal Address

2450 Hollywood Blvd
503-505
HOLLYWOOD, FL 33020

Changed: 04/30/2019

Mailing Address

2450 Hollywood Blvd
503-505
HOLLYWOOD, FL 33020

Changed: 04/30/2019

Registered Agent Name & Address

Rosenberg Cummings & Edwards PLLC
2450 Hollywood Blvd
503-505
HOLLYWOOD, FL 33020

Name Changed: 01/16/2018

Address Changed: 04/30/2019

Authorized Person(s) Detail

Name & Address

Title MGRM

REGENTS GLOBAL INVESTMENTS LLC
2450 Hollywood Blvd
503-505
HOLLYWOOD, FL 33020

Title MGRM

JV ASSETS LLC
2450 Hollywood Blvd
503-505
HOLLYWOOD, FL 33020

Annual Reports

Report Year	Filed Date
2019	04/30/2019
2020	04/21/2020
2020	11/04/2020

Document Images

11/04/2020 – AMENDED ANNUAL REPORT	View image in PDF format
04/21/2020 – ANNUAL REPORT	View image in PDF format
04/30/2019 – ANNUAL REPORT	View image in PDF format
01/16/2018 – REINSTATEMENT	View image in PDF format
01/11/2016 – ANNUAL REPORT	View image in PDF format
12/18/2015 – Florida Limited Liability	View image in PDF format

2020 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L15000210033

Entity Name: USA CAPITAL FUND LLC

Current Principal Place of Business:

2450 HOLLYWOOD BLVD
503-505
HOLLYWOOD, FL 33020

Current Mailing Address:

2450 HOLLYWOOD BLVD
503-505
HOLLYWOOD, FL 33020 US

FEI Number: 30-1118932

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ROSENBERG CUMMINGS & EDWARDS PLLC
2450 HOLLYWOOD BLVD
503-505
HOLLYWOOD, FL 33020 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CASEY CUMMINGS

11/04/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name REGENTS GLOBAL INVESTMENTS LLC
Address 2450 HOLLYWOOD BLVD
503-505
City-State-Zip: HOLLYWOOD FL 33020

Title MGRM
Name JV ASSETS LLC
Address 2450 HOLLYWOOD BLVD
503-505
City-State-Zip: HOLLYWOOD FL 33020

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ELI ROUIMI

MGRM

11/04/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

REGISTRATION# G20000034566

Fictitious Name to be Registered: USA MEDICAL SUPPLY

Mailing Address of Business: 2450 HOLLYWOOD BLVD.
SUITE 503
HOLLYWOOD, FL 33020

Florida County of Principal Place of Business: MULTIPLE

FEI Number: 30-1118932

FILED
Mar 21, 2020
Secretary of State

Owner(s) of Fictitious Name:

USA CAPITAL FUND LLC
2450 HOLLYWOOD BLVD SUITE 503
HOLLYWOOD, FL 33020
FEI/EIN Number: 30-1118932
Document Number: L15000210033

I the undersigned, being an owner in the above fictitious name, certify that the information indicated on this form is true and accurate. I further certify that the fictitious name to be registered has been advertised at least once in a newspaper as defined in Chapter 50, Florida Statutes, in the county where the principal place of business is located. I understand that the electronic signature below shall have the same legal effect as if made under oath and I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, Florida Statutes.

ELI ROUIMI

03/21/2020

Electronic Signature(s)

Date

Certificate of Status Requested ()

Certified Copy Requested ()

Successfully checked out.

ATTENTION:

As of April 16, 2020, unpaid 2019 tax bills are delinquent and subject to additional interest and fees (Real Estate Accounts 3% interest and \$22 fee, Tangible Accounts 1.5% per month interest and \$11.50 fee). Any unpaid portion of a 2019 tax bill can only be paid in full (no partial payments, no payment plans, and no additional extensions are statutorily available). Unpaid Real Estate accounts can still avoid the issuance of a Tax Lien Certificate by making a full online payment by 6:00 PM (EST) of May 25, 2020, or by having their full payment received and processed by the Tax Office by 5:00 PM (EST) of May 22, 2020 (post-mark does not apply).

ENROLL NOW FOR NEXT YEAR’S (2020) QUARTERLY INSTALLMENT PLAN: Click Here for the 2020 online application which you can automatically email to our office when completed. Taxes paid through Escrow Arrangement are not eligible for this plan.

LOCAL BUSINESS TAX PAYMENTS: After your online payment is completed and confirmed, please PRINT YOUR BUSINESS TAX RECEIPT from the link shown on the same payment receipt page. To request a printed receipt to be mailed to you, contact businesstax@broward.org.

LOCAL BUSINESS TAX DELINQUENT NOTICES: Were mailed in February. Delinquent renewal balances can be paid online by most businesses - unless certain Certificates or Licenses must be provided to us first. Search your account by the Business Tax Receipt number shown on your Notice. A green "Pay Receipts" link will be displayed for those businesses able to make online payments

WIRE PAYMENT INSTRUCTIONS: Email revenue@broward.org for wire payment instructions.

ATTENTION TAXPAYERS: Please be advised of the NON-REFUNDABLE processing fees for all online credit and debit card transactions for payment on all eligible accounts. Credit and Debit card transaction will be charged 2.55% of the full payment amount (\$1.95 minimum fee). You will be shown and asked to approve the amount of any convenience fee before completing your payment and check out process.


There is NO FEE for making payment by eCheck.



Receipt

 [Print this page](#)

Thank you! Your payment is now being processed. You may wish to print this page for your records.

Receipt #
WWW-19-00173220
Date
04/19/2020 12:12AM
Paid by
usa capital fund llc
Using
E-Check ending in 8107

Business Tax		 Print Business Tax Receipt
Payment		- \$28.13
Total due		\$0.00

 2020 Receipt #378-305501	Receipt 378-305501 Account  161689 WHOLESALE/DISTRIBUTOR	USA CAPITAL FUND LLC 2450 HOLLYWOOD BLVD STE 503 HOLLYWOOD, FL 33020	\$28.13
Payment			- \$28.13
Total due			\$0.00

Kinsale Insurance Company

A.M. Best Company Rating: A (Excellent)

Financial Size Category: IX

SLB Insurance Group - Eli Kleinberg

BINDER

RE: USA Capital Fund LLC
dba USA Medical Supply
2450 Hollywood Blvd, Ste 503
Hollywood, FL 33020

Policy: 0100120193-0

Date: 07/07/2020

This binder contains an outline of coverage and does not include all the terms, conditions and exclusions of the policy that may be issued. The policy contains the full and complete agreement with regards to coverage. Please review this binder thoroughly and notify the Company immediately of any inaccuracies or discrepancies.

Company: Kinsale Insurance Company

Policy Term: 07/07/2020 - 07/07/2021

Coverage Form: Life Sciences General Liability - Claims Made

Retro Date:Inception

Description of Operations: Importer and distributor of personal protective equipment and supplies

Limits:

GENERAL LIABILITY

Each Claim Limit	\$1,000,000
Damage to Premises Rented to You Limit	\$50,000
General Aggregate Limit	\$2,000,000
Products / Completed Operations Aggregate Limit	\$2,000,000
Personal & Advertising Injury Limit	\$1,000,000

Deductible:

Each Claim Deductible	\$5,000
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Additional Coverages:

Products Recall Expense Reimbursement (\$5K Ded, 0 %Participation)	\$50K
Data Breach Expense Reimbursement (\$5K Ded)	\$50K

Premium	\$15,000
Inspection Fee	\$300

Policy Fee	\$175
Surplus Lines Tax	\$764.47
FSLSO Fee	\$9.29
Total Due at Inception	\$16,248.76

Minimum Earned Premium	25.00%
Commission	10%
Company Fees are fully earned	
Premium is 100.00% minimum and deposit	
Taxes, fees and surcharges are the responsibility of the broker.	
Policy Subject to Annual Audit.	

<u>Class Description</u>	<u>Exposure Base</u>	<u>Exposure Units</u>	<u>Rate</u>
Medical, Dental, Hospital or Surgical Equipment or Supplies Mfg. - expendable	per \$1,000 Gross Sales	5,000,000	3.00

Policy Terms and Conditions - please review policy for complete details
Annual Aggregate Deductible (Capped at 5x)
Claims Made (Removes Restricted Reporting)
Data Breach Expense Reimbursement
Waiver of Subrogation - Blanket for Vendors
Primary and Non-Contributory - Blanket for Vendors
True Worldwide Coverage
Limited Product Recall Sublimit

Contingencies:
This binder is conditioned on our receipt and approval of the materials listed below. We may rescind this binder if we do not receive, review and approve in writing these materials. Further, this binder is strictly conditioned upon there being no material change in the risk between the date of the binder and the effective date of the policy. If we determine that a material change has occurred, we may modify the terms of this binder, including rescinding it altogether.

Policy Form and Endorsements -Policy Forms & Endorsements correspond to the included Terms & Conditions of OPTION 1 (please consult with your underwriter should you need specimens of optional terms and conditions)
LSC1002-0713 - Declarations - Life Sciences General Liability - Claims Made
ADF9013-0419 - Notice - Where To Report A Claim
ADF4001-0110 - Schedule of Forms
LSC0001-1019 - Life Sciences General Liability Coverage Form - Claims Made
AHL2016-0110 - Annual Aggregate Deductible

AHL2040-1010 - Amendment of Coverage Territory - Worldwide Coverage
LSC2001-0110 - Limitation - Designated Products (Personal protective equipment and supplies only)
LSC2010-0111 - Limited Product Recall Expense Endorsement
AHL4009-0413 - Minimum Policy Premium
AHL4023-0515 - Data Breach Expense Reimbursement Endorsement
LSC4001-0617 - Life Sciences - Composite Rate Endorsement
LSC4008-0217 - Waiver of Transfer of Rights of Recovery Against Vendors to Us
ADF3011-0115 - Exclusion of Other Acts of Terrorism Committed Outside the United States; Exclusion of Punitive Damages Related to a Certified Act of Terrorism; Cap on Losses from Certified Acts of Terrorism
LSC3001-1119 - Additional Exclusions- Life Sciences
LSC3007-0713 - Exclusion - Designated Products (Any and all COVID-19 testing kits)
LSC3019-0815 - Exclusion - Business Conduct
LSC3024-0320 - Exclusion - Pathogen and Related Hazards
LSC5005-0713 - Additional Insureds - Vendors
LSC5006-0317 - Additional Insured as Required By Written Contract - Trade Event
LSC5012-0217 - Additional Insureds - Vendors - As Required by Written Contract - Primary Non-Contributory
LSC5014-0419 - Additional Insured - Managers or Lessors of Premises as Required by Written Contract
ADF9010-0115 - Notice of Terrorism Insurance Coverage
IL0985-0115 - Disclosure Pursuant to Terrorism Risk Insurance Act
ADF9023-0812 - Florida Changes - Cancellation and Non-Renewal
ADF9004-0110 - Signature Endorsement
ADF9009-0110 - U.S. Treasury Department's Office of Foreign Assets Control (OFAC) Advisory Notice to Policyholders

This binder is in effect until it is replaced by a policy issued by the Company or it is cancelled in accordance with the policy conditions.

FLAT CANCELLATION OF THIS BINDER IS NOT PERMITTED. Once bound, a survey of your premises may be conducted by a representative of Kinsale. By requesting this coverage bound, you consent to this survey.

Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the
requester. Do not
send to the IRS.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

USA CAPITAL FUND LLC

2 Business name/disregarded entity name, if different from above

DBA USA MEDICAL SUPPLY

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC

☐ C Corporation

☐ S Corporation

☐ Partnership

☐ Trust/estate

☒ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► **P**

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ►

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from FATCA reporting code (if any)

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

2450 HOLLYWOOD BLVD. SUITE 503

6 City, state, and ZIP code

HOLLYWOOD, FL 33020

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			-			-				
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or

Employer identification number

3	0	-	1	1	1	8	9	3	2
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Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign
Here

Signature of
U.S. person ►



Date ► **03/30/2020**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.