



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*



Randy R. Lee
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

BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT

115 S. Andrews Ave., Rm. A-100, Ft. Lauderdale, FL 33301-1895 – 954-831-4000

VALID OCTOBER 1, 2021 THROUGH SEPTEMBER 30, 2022

DBA: USA MEDICAL SUPPLY
Business Name: USA CAPITAL FUND LLC

Receipt #: 378-305501
Business Type: WHOLESALE/DISTRIBUTOR
(WHOLESALE)

Owner Name: USA CAPITAL FUND LLC
Business Location: 2450 HOLLYWOOD BLVD STE 503
HOLLYWOOD
Business Phone: 7867085552

Business Opened: 04/12/2020
State/County/Cert/Reg:
Exemption Code:

Rooms Seats Employees Machines Professionals

Tax Amount	For Vending Business Only			Vending Type:		Total Paid
	Transfer Fee	NSF Fee	Penalty	Prior Years	Collection Cost	
45.00	0.00	0.00	0.00	0.00	0.00	45.00

THIS RECEIPT MUST BE POSTED CONSPICUOUSLY IN YOUR PLACE OF BUSINESS

THIS BECOMES A TAX RECEIPT

WHEN VALIDATED

This tax is levied for the privilege of doing business within Broward County and is non-regulatory in nature. You must meet all County and/or Municipality planning and zoning requirements. This Business Tax Receipt must be transferred when the business is sold, business name has changed or you have moved the business location. This receipt does not indicate that the business is legal or that it is in compliance with State or local laws and regulations.

Mailing Address:

USA CAPITAL FUND LLC
2450 HOLLYWOOD BLVD STE 503
HOLLYWOOD, FL 33020

Receipt # WWW-20-00216710
Paid 07/02/2021 45.00

2021 - 2022

BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT

115 S. Andrews Ave., Rm. A-100, Ft. Lauderdale, FL 33301-1895 – 954-831-4000

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45.00	0.00	0.00	0.00	0.00	0.00	45.00

Receipt # WWW-20-00216710
Paid 07/02/2021 45.00



**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.



**CITY OF
Hollywood
FLORIDA**

2020/2021 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 #: B9068370-2021
Expiration Date: 9/30/2021
Tax Rate: \$122.00**

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

**FILED
Nov 04, 2020
Secretary of State
9602038727CC**

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

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

FILED
Mar 21, 2020
Secretary of State

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 businessstax@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

 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



COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY)

07/06/2021

AGENCY Mako Insurance Agency, LLC		CARRIER		NAIC CODE
POLICY NUMBER Pending	EFFECTIVE DATE 07/07/2021	APPLICANT / FIRST NAMED INSURED USA Capital Fund, LLC DBA USA Medical Supply		

IMPORTANT - If CLAIMS MADE is checked in the COVERAGE / LIMITS section below, this is an application for a claims-made policy. Read all provisions of the policy carefully.

COVERAGES**LIMITS**

<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY		GENERAL AGGREGATE \$ 2,000,000		PREMIUMS	
<input type="checkbox"/> CLAIMS MADE	<input checked="" type="checkbox"/> OCCURRENCE	LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> LOCATION		PREMISES/OPERATIONS	
OWNER'S & CONTRACTOR'S PROTECTIVE		<input type="checkbox"/> PROJECT <input type="checkbox"/> OTHER:		PRODUCTS	
DEDUCTIBLES		PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$ 2,000,000		OTHER	
<input checked="" type="checkbox"/> PROPERTY DAMAGE \$ 0		PERSONAL & ADVERTISING INJURY \$ 1,000,000		TOTAL	
<input checked="" type="checkbox"/> BODILY INJURY \$ 0	<input checked="" type="checkbox"/> PER CLAIM <input type="checkbox"/> PER OCCURRENCE	EACH OCCURRENCE \$ 1,000,000		0.00	
		DAMAGE TO RENTED PREMISES (each occurrence) \$ 50,000			
		MEDICAL EXPENSE (Any one person) \$ 5,000			
		EMPLOYEE BENEFITS \$			
		\$			

OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137)

APPLICABLE ONLY IN WISCONSIN: IF NON-OWNED ONLY AUTO COVERAGE IS TO BE PROVIDED UNDER THE POLICY:

1. UM / UIM COVERAGE IS IS NOT AVAILABLE. 2. MEDICAL PAYMENTS COVERAGE IS IS NOT AVAILABLE.

SCHEDULE OF HAZARDS (ACORD 211, Schedule of Hazards, may be attached if more space is required)

LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
1	1		Sales	5000000					
CLASSIFICATION DESCRIPTION Medical, Dental, Hospital or Surgical Equipment or Supplies Mfg. - expendable									
LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
CLASSIFICATION DESCRIPTION									
LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
CLASSIFICATION DESCRIPTION									
LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
CLASSIFICATION DESCRIPTION									
RATING AND PREMIUM BASIS (P) PAYROLL - PER \$1,000/PAY (C) TOTAL COST - PER \$1,000/COST (U) UNIT - PER UNIT (S) GROSS SALES - PER \$1,000/SALES (A) AREA - PER 1,000/SQ FT (M) ADMISSIONS - PER 1,000/ADM (T) OTHER									

CLAIMS MADE (Explain all "Yes" responses)

EXPLAIN ALL "YES" RESPONSES	Y / N
1. PROPOSED RETROACTIVE DATE:	
2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE:	
3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE?	N
4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?	N

EMPLOYEE BENEFITS LIABILITY

1. DEDUCTIBLE PER CLAIM: \$	3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS:
2. NUMBER OF EMPLOYEES:	4. RETROACTIVE DATE:

ACORD 126 (2016/09)

Attach to ACORD 125 © 1993-2016 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD

CONTRACTORS

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)					Y / N
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?					N
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?					N
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?					N
4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?					N
5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?					N
6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?					N
DESCRIBE THE TYPE OF WORK SUBCONTRACTED	\$ PAID TO SUB-CONTRACTORS:	% OF WORK SUBCONTRACTED:	# FULL-TIME STAFF:	# PART-TIME STAFF:	

PRODUCTS / COMPLETED OPERATIONS

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS

EXPLAIN ALL "YES" RESPONSES (For all past or present products or operations) PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC.					Y / N
1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?					N
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS? (If "YES", attach ACORD 815)					N
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?					N
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?					N
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?					N
6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?					N
7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?					N
8. PRODUCTS UNDER LABEL OF OTHERS?					N
9. VENDORS COVERAGE REQUIRED?					N
10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSUREDS?					N

ADDITIONAL INTEREST / CERTIFICATE RECIPIENT **ACORD 45 attached for additional names**

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER		
						LOCATION:	BUILDING:
						ITEM CLASS:	ITEM:
						ITEM DESCRIPTION	
REFERENCE / LOAN #:							

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)		Y / N																		
1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?		N																		
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?		N																		
3. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)		N																		
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST FIVE (5) YEARS?		N																		
5. DO YOU RENT OR LOAN EQUIPMENT TO OTHERS?		N																		
<table border="1"> <thead> <tr> <th>EQUIPMENT</th> <th colspan="2">TYPE OF EQUIPMENT</th> <th>INSTRUCTION GIVEN (Y/N)</th> </tr> </thead> <tbody> <tr> <td></td> <td>SMALL TOOLS</td> <td>LARGE EQUIPMENT</td> <td></td> </tr> <tr> <td></td> <td>SMALL TOOLS</td> <td>LARGE EQUIPMENT</td> <td></td> </tr> </tbody> </table>		EQUIPMENT	TYPE OF EQUIPMENT		INSTRUCTION GIVEN (Y/N)		SMALL TOOLS	LARGE EQUIPMENT			SMALL TOOLS	LARGE EQUIPMENT								
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	SMALL TOOLS	LARGE EQUIPMENT																		
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6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?		N																		
7. ANY PARKING FACILITIES OWNED/RENTED?		N																		
8. IS A FEE CHARGED FOR PARKING?		N																		
9. RECREATION FACILITIES PROVIDED?		N																		
10. ARE THERE ANY LODGING OPERATIONS INCLUDING APARTMENTS? (If "YES", answer the following):		N																		
# APTS	TOTAL APT AREA Sq. Ft.	DESCRIBE OTHER LODGING OPERATIONS																		
11. IS THERE A SWIMMING POOL ON PREMISES? (Check all that apply)		N																		
<input type="checkbox"/> APPROVED FENCE <input type="checkbox"/> LIMITED ACCESS <input type="checkbox"/> DIVING BOARD <input type="checkbox"/> SLIDE <input type="checkbox"/> ABOVE GROUND <input type="checkbox"/> IN GROUND <input type="checkbox"/> LIFE GUARD																				
12. ARE SOCIAL EVENTS SPONSORED?		N																		
13. ARE ATHLETIC TEAMS SPONSORED?		N																		
<table border="1"> <thead> <tr> <th>TYPE OF SPORT</th> <th>CONTACT SPORT (Y/N)</th> <th>AGE GROUP</th> <th>TYPE OF SPORT</th> <th>CONTACT SPORT (Y/N)</th> <th>AGE GROUP</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td><input type="checkbox"/> 13 - 18 <input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18</td> <td></td> <td></td> <td><input type="checkbox"/> 13 - 18 <input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18</td> </tr> <tr> <td colspan="3">EXTENT OF SPONSORSHIP:</td> <td colspan="3">EXTENT OF SPONSORSHIP:</td> </tr> </tbody> </table>		TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP	TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP			<input type="checkbox"/> 13 - 18 <input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18			<input type="checkbox"/> 13 - 18 <input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18	EXTENT OF SPONSORSHIP:			EXTENT OF SPONSORSHIP:			
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EXTENT OF SPONSORSHIP:			EXTENT OF SPONSORSHIP:																	
14. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?		N																		
15. ANY DEMOLITION EXPOSURE CONTEMPLATED?		N																		

GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)				Y / N
16. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?				N
17. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?				N
LEASE TO	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	LEASE FROM	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	
18. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?				N
19. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?				N
20. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS?				N
21. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?				N
22. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?				N

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**SIGNATURE**

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) Julie Tanner	STATE PRODUCER LICENSE NO (Required in Florida) W143420
APPLICANT'S SIGNATURE 	DATE 7/7/2021	NATIONAL PRODUCER NUMBER

Request for Taxpayer Identification Number and Certification

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

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

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. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input checked="" type="checkbox"/> 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. <input type="checkbox"/> 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) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
5 Address (number, street, and apt. or suite no.) See instructions. 2450 HOLLYWOOD BLVD. SUITE 503	Requester's name and address (optional)
6 City, state, and ZIP code HOLLYWOOD, FL 33020	
7 List account number(s) here (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								
			-			-		
or								
Employer identification number								
3	0	-	1	1	1	8	9	3
								2

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 ▶ 09/29/21
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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.