

L15000151077

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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STATE OF MARYLAND
DEPARTMENT OF REVENUE

WIK 54841

YMD 9/10

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DECOPLAS:FLOORING&COVERINGS LLC.
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LUCY ROFRIGUEZ
Name of Person

LUCY RODRIGUEZ
Firm/Company

220 CHERRY LAUREL DR.
Address

ORLANDO FL 32835
City/State and Zip Code

lurodiz1140@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LUCY RODRIGUEZ 407 284-2250
Name of Person at () Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 14, 2015

LUCY RODRIGUEZ
220 CHERRY LAUREL DR.
ORLANDO, FL 32835

SUBJECT: DECORPLAS:FLOORING&COVERINGS LLC
Ref. Number: W15000054841

We have received your document for DECORPLAS:FLOORING&COVERINGS LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Maryanne Dickey
Regulatory Specialist II
New Filing Section

Letter Number: 915A00017226

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DECORPLAS:FLOORING&COVERINGS 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:

220 CHERRY LAUREL DR
ORLANDO FL 32835

220 CHERRY LAUREL DR
ORLANDO FL 32835

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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:

LUCY RODRIGUEZ

Name

220 CHERRY LAUREL DR

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

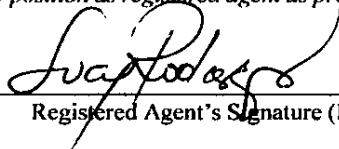
ORLANDO FL 32835

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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

"MGR" = Manager

Name and Address:

Lucy Rodriguez
220 Cherry Laurel Dr.
Orlando FL. 32835

Carlos H. Bones
204 Mount Vernon Avenue
Agusta. ME 04330

Cristiano M. Lima
6040 Oakbendt St. Apt 13306
Orlando FL 32835

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"AMBR =Authorized M

"AMBR=Authorized M

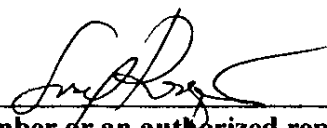
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Lucy Rodriguez

Typed or printed name of signee

Filing Fees

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)