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To:

Division of Corporations
Fax Number : (850) 922-4003

From:

Account Name : ACE INDUSTRIES, INC.
Account Number : 070744001530
Phone : (305) 358-2571
Fax Number : (305) 358-7832

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STATE
FLORIDA

CM

LIMITED LIABILITY COMPANY

DECALA AND ASSOCIATES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	0103
Estimated Charge	\$285.00

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H99-12725

ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

NAME OF LIMITED LIABILITY COMPANY: **DECALA AND ASSOCIATES, LLC**

THE DURATION OF THIS COMPANY IS: PERPETUAL

THE MAILING ADDRESS OF THIS COMPANY IS: 2336 N.E. 172nd STREET
NORTH MIAMI BEACH, FL 33160

THE PRINCIPAL OFFICE ADDRESS OF THIS COMPANY IS:
2336 N.E. 172nd STREET
NORTH MIAMI BEACH, FL 33160

THE LIMITED LIABILITY COMPANY WILL BE MANAGED BY:

MEMBERS

MANAGERS

THE NAMES AND ADDRESS OF THE MEMBERS OR MANAGERS ARE AS FOLLOWS:

JOSEPH L. DE MARZIO, 2336 N.E. 172nd STREET, NORTH MIAMI BEACH, FL 33160

JOSE ALCALA, 279 SAKETT STREET, SUITE #3, BROOKLYN, NY, 11231

ANDREY S. MAKAROV, 2336 N.E. 172nd STREET, NORTH MIAMI BEACH, FL 33160

EFFECTIVE DATE UPON FILING WITH THE SECRETARY OF STATE.



SIGNATURE OF:
(SIGNATURE IS OF MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE)

PREPARED BY ACE INDUSTRIES, 54 NW 11th STREET, MIAMI, FL 33136
(305)358-2571

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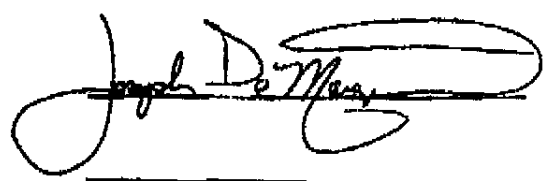
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AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member
of DECALA AND ASSOCIATES, LLC deposes and says:

- 1) the above named limited liability company has at least two members
- 2) the total amount of cash contributed by the member(s) is \$ 50,000.00
- 3) if any, the agreed value of property other than cash contributed by member(s) is
\$ N/A. A description of the property is attached and made a part hereto.
- 4) the total amount of cash or property anticipated to be contributed by member(s) is
\$ 50,000.00. This total includes amounts from 2 and 3 above.

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Signature of a member or authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

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FILING FEE: \$250 for Articles of Organization and Affidavit

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1) The name of the limited liability company is:
DECALA AND ASSOCIATES, LLC

2) The name and address of the registered agent and office is:

JOSEPH L. DE MARZIO
Name
2336 N.E. 172nd STREET
Address (P.O. Box NOT acceptable)
NORTH MIAMI BEACH, FL 33160
City / State / Zip

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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.


Signature

05/26/99
Date

FILING FEE: \$35 for Designation of Registered Agent

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