

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H140002621783)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : CORP USA Account Number: 072450003255 : (305)634-3694

Fax Number

: (305)633-9696

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

FLORIDA LIMITED LIABILITY CO. 1408 DECOPLAGE, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Corporate Filing Menu

NOV 1 2 2014

Help

T CLINE

https://cfile.sunbiz.org/scripts/efilcovr.exe

Electronic Filing Menu

CORP USA

pt:/I pt0Z/0T/TI 3026333696

(2)

ARTICLES OF ORGANIZATION FOR 1408 DECOPLAGE, LLC

ARTICLE I - Name:

The name of the Limited Liability Company is: 1408 Decoplage, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 100 Lincoln Road, Apartment 1408, Miami Beach, Florida 33139.

ARTICLE III -

Registered Agent, Registered Office, & Registered Agent's Signature

The name and the Florida street address of the registered agent are: Samuel Spencer Blum, Esquire, 2666 Tigertail Avenue, Suite 106, Coconut Grove, Florida 33133.

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, Florida Statutes.

Registered Agent's Signature

Article IV

The name and address of each person authorized to manager and control the Limited Liability Company (AMBR = Authorized Member / MGR = Manager):

Title:

Name and Address:

Manager

<u>Linda Frye</u>

Samuel Spencer Blum

ATTORNEY AT LAW

3666 Tigeryail avenue, suite 106 Coconut Grove, floride 33133 — Teléphone: (306) 864-1865 Yélefax; (306) 864-3314 Teléphone: Telépho

11/10/2014 11:14 302633666

Page 2 of 2

	1941 Braeburn Road Altadena, California 91001
Manager	Elizabeth Frye 1941 Braeburn Road Altadena, California 91001
•	Land Hi Fry Day
	Signature of a member or land to authorized representative of land to member.
the execution of this doc under the penalties of perju- true. I am aware that any	605.0203 (1)(b), Florida Statutes, ument constitutes an affirmation ry that the facts stated herein are v false information submitted in a ent of State constitutes a third

degree felony as provided for in Section 817.155, Florida

Linda Frye
Typed or printed name of signee

Samuel Spencer Blum

ATTORNEY AT LAW

11/18/2014 11:14 302633666

Statutes)