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(Re	equestor's Name)				
(Ac	ldress)				
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(City/State/Zip/Phone #)					
PICK-UP	MAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificate:	s of Status			
Special Instructions to Filing Officer:					
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: DEC Enterprises, Inc.
Name of corporation - must include suffix
Dear Sir or Madam:
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.
Please return all correspondence concerning this matter to the following: Manny Goldman
Name of Person C/O Scott Letourneau - Nevada Corporate Planners, Inc.
Firm/Company 10785 W. Twain Ave., Suite 210
Las Vegas, NV 89135
City/State and Zip code support@launchwithconfidence.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:
\$70.00 Filing Fee \$78.75 Filing Fee & S78.75 Filing Fee & Certificate of Status Certified Copy Certified Copy



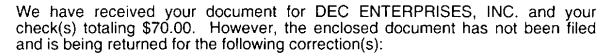
FLORIDA DEPARTMENT OF STATE Division of Corporations

January 11, 2019

MANNY GOLDMAN 10785 W. TWAIN AVE., SUITE 210 LAS VEGAS, NV 89135

SUBJECT: DEC ENTERPRISES, INC.

Ref. Number: W19000003670



The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Please return 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) 245-6900.

Letter Number: 819A00000893

Stacy Prather Regulatory Specialist III 19 JAN 14 PH 4: 24

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

l.	DEC ENTERPRIS						
	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"						
	"Inc.," "Co.," "Cor	p," "Inc," "Co," or "Corp.")					
	DEC W	orldwide, Inc					
	(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)						
	California	2					
2.		under the law of which it is incorporated)	(FFI - und on if and inchin)	-	~2		
		under the law of which it is incorporated)	(FEI number, it applicable)	-	0:0		
4.	01/10/2017	5			بي		
4.	(I)ate o	fincorporation) 5	(Date of duration, if other than perp	ctuali	2019 JAH 1 1.		
	(15410 0	, indespotation,	(တို့ 🔭			
6.				옃			
	(Date first transacted business in Plorida, if prior to registration)						
		(SEE SECTIONS 607.1501 & 607.1502,	F.S., to determine penalty liability)	:	<u>- بت</u>		
		era Ranch CA 92694		-	r		
7.			(C)		··· - L		
	com a mare	•	office address)				
	58 Frontierland 11	ail Ponte Vedra FL 32081					
		(Current mailing a	ddress, if different)	~			
		(======================================					
8.	Name and street	address of Florida registered agent: (P.O. I	Box NOT acceptable)				
		NRAI Services, Inc.					
	Name:						
		1200 South Pine Island Road					
Ο	ffice Address:						
		Plantation	33324				
			, Florida				
		(City)	(Zip code)				
Ω	Dagistared saut	atte accuntumen					

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors: A. DIRECTORS VANIA GOLDMAN Chairman: 7 Bower Lane, Ladera Ranch, CA 92694 Address: _____ MANNY GOLDMAN Vice Chairman: _____ 7 Bower Lane, Ladera Ranch, CA 92694 Address: ______ Address: Director: Address: ______ B. OFFICERS MANNY GOLDMAN President: 7 Bower Lane, Ladera Ranch, CA 92694 Address: Vice President: VANIA GOLDMAN Secretary: 7 Bower Lane, Ladera Ranch, CA 92694 Address: _ MANNY GOLDMAN Treasurer: __ 7 Bower Lane, Ladera Ranch, CA 92694 Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is 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, F.S. MANNY GOLDMAN

(Typed or printed name and capacity of person signing application)

13.

State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

DEC ENTERPRISES, INC.

FILE NUMBER: FORMATION DATE:

C3980790 01/10/2017

TYPE:

DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, ANEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of January 07, 2019.

ALEX PADILLA
Secretary of State