

Division of Corporations

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**Florida Department of State**  
**Division of Corporations**  
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 Katherine Harris, Secretary of State

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

From: Account Name : PARCORP SERVICES, LTD.  
 Account Number : I19990000011  
 Phone : (727) 320-9848  
 Fax Number : (727) 320-9648

**LIMITED LIABILITY COMPANY**

**DECK DEPOT USA, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDASECRETARY OF STATE  
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## STATE OF FLORIDA - ARTICLES OF ORGANIZATION OF

## DECK DEPOT USA, LLC

Pursuant to s. 608.407, Florida Statutes.

## ARTICLE I - Name:

The name of the Limited Liability Company is:

DECK DEPOT USA, LLC

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

3919 HAYNES CIRCLE, CASSELBERRY, FL 32707

## ARTICLE III - Registered Agent, Registered Office, &amp; Registered Agent's Signature:

The name of the Florida street address of the registered agent are:

MIRTHA VALDES MARTIN, CPA

Name

1321 ARBOR VISTA POINT #7-125

Florida street address (P.O. Box NOT ACCEPTABLE)

LAKE MARY, FL 32746

City, State and 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 608 F.S.



Registered Agent's Signature

## ARTICLE IV - Management (Check Box if Applicable.)

☐ The Limited Liability Company is to be managed by one manager or more managers and is therefore, a manager - managed company.

  
Signature of a member or authorized representative of a member.

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

MICHAEL J. JAGODA

Typed or Printed name of signer

## Preparer Info:

Parcorp Services, Ltd. / Michael J. Jagoda,

PMB 258 - 13799 PARK BLVD. N., SEMINOLE, FL 33776 / Phone: 727-320-9848

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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 TO DESIGNATE A REGISTERED OFFICE AND  
REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:

**DECK DEPOT USA, LLC**

2. The name and Florida street address of the registered agent are:

**MIRTHA VALDES MARTIN, CPA**

Name

**1321 ARBOR VISTA POINT #7-125**

Florida street address (P.O. Box NOT ACCEPTABLE)

**LAKE MARY, FL 32746**

City, State and Zip

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 CPA

Registered Agent **MIRTHA VALDES MARTIN, CPA**

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