

# L01000011449

Florida Department of State  
Division of Corporations  
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## LIMITED LIABILITY COMPANY

The DeCandis Group, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
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FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

July 12, 2001

PARCORP SERVICES, LTD.

SUBJECT: THE DECANDIS GROUP, LLC  
REF: W01000016088

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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

THE ARTICLES OF ORGANIZATION DID NOT FAX COMPLETELY PLEASE RESEND YOUR ARTICLES.

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

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Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

Fax Audit No. (((H01000080972 2 )))

STATE OF FLORIDA - ARTICLES OF ORGANIZATION OF

**The DeCandis Group, LLC**

Pursuant to s. 608.407, Florida Statutes.

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**The DeCandis Group, LLC**

**ARTICLE II - Address:**

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

**409 TRIPLE CROWN LANE, WHITELOCK FARMS, JACKSONVILLE, FL 32259**

**ARTICLE III - Registered Agent, Registered Office, & Registered Agents Signature:**

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

**ANDREW DECANDIS**

Name

**409 TRIPLE CROWN LANE, WHITELOCK FARMS**

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

**JACKSONVILLE, FL 32259**

City, State and Zip

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01 JUN 12 AM 11:18

*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 Agents 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 signee

**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:

**The DeCandls Group, LLC**

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

**ANDREW DECANDIS**

Name

**409 TRIPLE CROWN LANE, WHITELOCK FARMS**

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

**JACKSONVILLE, FL 32259**

City, State and Zip

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Registered Agent **ANDREW DECANDIS**

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