Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

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.

(((H04000170460 3)))

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) 205-0383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973 Fax Number : (305)220-1440

LIMITED LIABILITY COMPANY

DECOPARTY, LLC.

0
03
\$155.00

Electronic Filing Menu

Corporate Filing

Public Access Help

8/19/04

58 O4 AL

.

XT CT VT D

JIVIS!ON,OF CORPORATION

H04000170460

FAX:3052201440

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I NAME

The name of the Limited Liability Company is: DECOPARTY, LLC.

ARTICLE II ADDRESS

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

11358 NW 52 STREET **DORAL, FL 33178**

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE AND REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the agent are:	
NATASHA GUILLAMON	:-
(NAME)	
11358 NW 52 STREEET	_
FLORIDA STREET ADDRESS (P.O.BOX NOT ACCEPTABLE)	
DORAL, FL 33178	
(CITY/STATE/ZIP)	

LAZARUS CORPORATION

H04000170460

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 PAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT AS PROVIDED FOR THE CHAPTER 608, F.S.

Registered Agent's Signature

ARTICLE IV MANAGEMENT

Management of this limited liability company is reversed to its members, whose names and addresses are as follows:

NATASHA GUILLAMON 11358 NW 52 STREET DORAL, FL 33178 MANAGER

Executed by the undersigned members of the limited liability company this: 19TH day of August 2004.

Natasha Guillamon. \(\)
Authorized Representative.