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(Re	questor's Name)	
(Add	dress)	
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number))
Certified Copies	Certificate	s of Status
Special Instructions to I	Filing Officer:	
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W06-22358

B. McKnight MAY 2 4 2008

COVER LETTER

TO: Registration Se Division of Co		
SUBJECT: Al	1' DECOR T	NC.
SUBJECT:	(Name of Limited	d Liability Company)
The enclosed Articles of	f Organization and fee(s) are so	ubmitted for filing.
Please return all corresp	ondence concerning this matte	r to the following:
	Juan Ca	Vame of Person)
	ALLDECO	PIZ TNC. Firm/Company)
3819	SW, TPL	(Address) Pori do 33914 (State and Zip Code)
2	. /	(Address)
<u>lap</u>	E COROL f	Lori da 33914 (State and Zin Code)
	(City)	State and Zip Code)
For further information	concerning this matter, please	call:
Juan	Parlos CasTro	at (239) 7381473 (Area Code & Daytime Telephone Number)
(Name	of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for	or the following amount:	
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) S160.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 15, 2006

7 3

JUAN CARLOS CASTRO 3819 SW 7 PL CAPE CORAL, FL 33914

SUBJECT: ALL DECOR INC. Ref. Number: W06000022358

We have received your document for ALL DECOR INC. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "Limited Company" or Limited Liability Company or with one of the following abbreviations Ltd. Co., LC, "L.C.," LLC, or L.L.C.

Please return the original and one copy of 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) 245-6931.

Letter Number: 206A00034177

Becky McKnight Document Specialist New Filing Section

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	EFFECTIVE DATE
•	Q5-02-06
All DECOR ILC	
(Must end with the words "Limited Liability Company, "Limited	Company" or their abbreviation "LLC," or "L.C.,")
	, , , , ,
ARTICLE II - Address:	
The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
	0.710
3819 SW	3819 Sw
7 PL PADE MARSE 11 33914	7 PL
(12) 13 (18 1 1 33914	(18) PERIOL FI 33714
ARTICLE III - Registered Agent, Registered	Office. & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Register	red Agent. You must designate an individual or another $ = \underline{\leq}_{i,0} $
business entity with an active Florida registration.)	A Sign
The name and the Florida street address of the re	gistered agent are:
Tream	Parks Parter = 3
Name	Parlos Pastro PARTORS
3819 Sw, 7pl, V	• >>
	ress (P.O. Box \underline{NOT} acceptable)
Cape CoraL City, State, an	FL 33 Y/Y
City, State, an	ıd Zip
Having been named as registered agent and to a	ccept service of process for the above stated limited
	is certificate, I hereby accept the appointment as
	I further agree to comply with the provisions of all
	formance of my duties, and I am familiar with and
accept the obtigations of my position as regist	ered agent as provided for in Chapter 608, F.S
4. //	//
	,
Registered Agent's Signatu	re (REQUIRED)

(CONTINUED)
Page 1 of 2

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
President	JUAN PAVOS CASTRO 3819, SW, 7 PLACE, Pape CORSL
Vice President	Orlando Me leu der
Vice President Secretary	Pope Const fl 33914 MizaEl Garcia. 936 Jasmine st North Fort Myers Florida 3
	1991911 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
LE V: Effective date, if other than t fective date is listed, the date must	
LE V: Effective date, if other than t fective date is listed, the date must days after the date of filing.)	the date of filing: 05 02 00 . (OPTION to be specific and cannot be more than five business d
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE:	the date of filing: 05 02 00 . (OPTION to be specific and cannot be more than five business d
days after the date of filing.) REQUIRED SIGNATURE: Signature of a men (In accordance with of this document co	the date of filing:

ARTICLE IV- Manager(s) or Managing Member(s):

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

Filing Fees:

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)