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Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

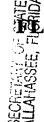
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Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994

Fax Number : (305)444-4977



ORIDA/FOREIGN LIMITED LIABILITY CO.

STYLE ART & DECOR LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu



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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARIICLE I - Name:	
The name of the Limited Liability Company	is:
STYLE ART & DECOR LLC	
Must end with the words "Limited Liability Company, "Li	imited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
	principal office of the Limited Liability Company is:
The maining address and succe address of the	principal office of the Builder Blasting Company is.
Principal Office Address:	Mailing Address:
	Mailing Address: 3698 GULSTREAM WAY DAVIE, FL 33328 260 270 280 280 280 280 280 280 28
3698 GULSTREAM WAY	3698 GULSTREAM WAY
DAVIE, FL 33328	DAVIE, FL 33328
	<u></u>
	red Office. & Registered Agent's Signature:
ARTICLE III - Registered Agent, Registe	red Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.)	egistered Agent. You must designate an individual or another 99
Ogginous dianty with an accept a totales registrational	28 PEE 8
The name and the Florida street address of the	he registered agent are:
JORGE BAF	DAGAN
	ame
148	
3698 GULSTF	REAM WAY
Florida stree	t address (P.O. Box NOT acceptable)
DAVIE	FL 33328
City, Sta	ate, 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 Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2 TE

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Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	JORGE BARRAGAN
	3698 GULSTREAM WAY
	DAVIE, FL 33328
MGRM	ABEL DIAZ
	3698 GULSTREAM WAY
	DAVIE, FL 33328
	Park and the second sec
(Use attachment if necessary)	1507
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	the date of filing: . (OPTIONAL)
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