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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Deco & Arts Design LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mariana Fernandez

Name of Person

Deco & Arts Design LLC

Firm/Company

17500 NW 67 CT unit L

Address

Miami Lakes, Florida 33015

City/State and Zip Code

Mafe80@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mariana Fernandez

Name of Person

at (305) 606 7793

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 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

DECO & ART DESIGN, LLC
17500 NW 67 COURT UNIT L
MIAMI LAKES, FL 33015

Monday, May 16, 2011

Florida Department of State

Registration Section /
Division of Corporations
PO BOX 6327
TALLAHASSEE, FL 32314

Dear Florida Department of State:

I'm enclosing a form to create my Limited Liability Company

If you have questions, please call me at 305 606 77 93. I look forward to hearing from you soon. My physical address is 17500 NW 67 COURT UNIT L MIAMI LAKES, FL 33015

Sincerely,

Mariana Fernandez

DECO & ART DESIGN, LLC

ENCLOSURES

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Deco & Arts Design LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

17500 NW 67 CT Unit L
Miami Lakes, Florida 33015

Mailing Address:

17500 NW 67 CT Unit L
Miami Lakes, Florida 33015

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Mariana Fernandez

Name

17500 NW 67 CT Unit L

Florida street address (P.O. Box **NOT** acceptable)

Miami

FL 33015

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 Chapter 608, F.S..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

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

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Mariana Fernandez

17500 NW 67 CT Unit L

Miami Lakes, Florida 33015

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 05/18/11 (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:


Signature of a member or an 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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

MARIANA FERNANDEZ
Typed or printed name of signer

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)