

✓
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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

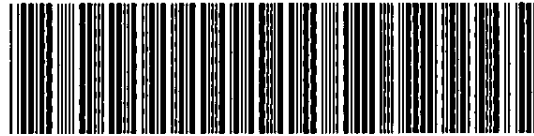
(Business Entity Name)

(Document Number)

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12 MAY 12 PM 1:59

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

APR 13 2012

EXAMINER

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: RICKY SOTO

DATE: 04/12/2012

REF. #: 002226.164933

CORP. NAME: DECORATIONS & BEYOND, LLC

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 543986 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
FOR
DECORATIONS & BEYOND, LLC**

ARTICLE I - Name:

The name of the Limited Liability Company is: DECORATIONS & BEYOND, LLC

ARTICLE II - Address:

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

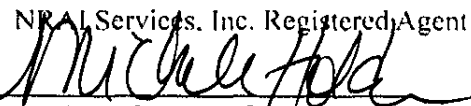
c/o Paulo Miranda
1001 Brickell Bay Drive
Suite 2406
Miami, FL 33131

ARTICLE III - Registered Agent and Registered Office:

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

NRAI Services Inc.
515 East Park Avenue
Tallahassee, FL 32301

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.

NRAI Services, Inc. Registered Agent
By: 
Name: Michele Holden
Title: Asst. Secretary

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TALLAHASSEE, FLORIDA

ARTICLE IV - Management



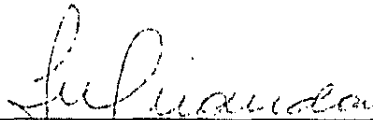
The Limited Liability Company is to be managed by one Manager or more Managers and is, therefore, a manager-managed company.

ARTICLE V – Manager(s) or Managing Member(s)

The name and address of each Manager:

MGR

Silvia Miranda
1001 Brickell Bay Dr., Suite 2406
Miami, FL 33131



Silvia Miranda, Incorporator

(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.)

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TALLAHASSEE, FLORIDA

**CERTIFICATE OF ACCEPTANCE BY
REGISTERED AGENT**

Having been named as registered agent and to accept service of process for the Limited Liability Company at the registered office designated in the Company's Articles of Organization, the undersigned accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and the undersigned is familiar with and accepts the obligations of its position as registered agent.

This certificate is executed and dated as of this 12th day of April, 2012.



Name: Michele Holden

Title: Asst. Secretary

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TALLAHASSEE, FLORIDA