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.

(((H130000655643)))



H130000655843ABC/

		I generate another cover si		··· >:
		•		
To:		;		(C) 250
	Division of Cor	rporations		नेतं नर जान
	Fax Number	: (850)617-6383		7
.				- 3
from:	Account Name	. 7 8 7 8 D 17 7 COD DOD 5 THE 1	TITME SERVICE	ER SAL
	Account Number	: LAZARUS CORPORATE I	HILING SERVICE,	TNO
	Phone	: (305)552-5973		
		: (305)220-1440		
		!		
		;		
nter t annu	he email address al report mailin	for this business ent	ity to be used ail address ple	for fut
annu	he email address al report mailin l Address:	for this business cnt gs. Enter only one em	ity to be used ail address ple	for futi
annu	al report mailin	for this business ent gs. Enter only one em	city to be used ail address ple	for fut
annu	al report mailin	for this business ent gs. Enter only one em	city to be used ail address ple	for fut
annu	al report mailin	gs. Enter only one em	ail address ple	for fut
annu	al report mailin	for this business cnt gs. Enter only one em A LIMITED LIABIL	ail address ple	for fut
annu	al report mailing Address: FLORIE	gs. Enter only one em	ail address ple	for fut
annu	al report mailing Address: FLORIE	gs. Enter only one em OA LIMITED LIABIL SICS EXOTIC CAR I	ail address ple	for fut
annu Emai	FLORIC DECO CLASS Certificate of St	gs. Enter only one em OA LIMITED LIABIL SICS EXOTIC CAR I	ail address ple	for fut
annu Emai	FLORIC	gs. Enter only one em OA LIMITED LIABIL SICS EXOTIC CAR I	AITY CO. RENTAL LLC.	for fut

3 HAR 21 AH 6:3 SECRETARY OF STATE

Electronic Filing Menu

Corporate Filing Menu

Help

J. SAULSBERRY EXAMINER

H13000085584

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Deco Cassics I Xotic Ca (Must end with the words "Limited Liability Company, the abbrevia	r Dental LLC. tion "L.I.C.," or the designation "LLC.")
ARTICLE II - Address: The mailing address and street address of the princi	pal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
16/0 Meridian Ave. APT MIAMI BEACH FLONDS 33/29	Saul
ARTICLE III - Registered Agent, Registered Of (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.)	Agent. You must designate an individual or another
The name and the Florida street address of the regis	strepu ARR TO
Plorida street address (P.	
Miami Beach City, Sta	FL 33 139 te, 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

W13000005564

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member MGRM" = Managing Member	Horacio Destreso 1610 Mendian Ava. APT 1 Hran Beach Dr. 33139
•	2013 MAR 2
*** *********************************	21 M 9:
(Use attachment if necessary)	

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 faise information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Pest (e) > Typed or printed name of signee

Page 2 of 2

W13000085584