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SECRETARY OF STATE

MAY 01 2015

S. YOUNG

COVER LETTER

TO:	Registratio Division of	n Section Corporations		
SUBJ	ECT: <u>DECO</u>	REAL ESTATE R3, LLC Name of Li	mited Liability Company	
The en	closed Article	s of Organization and fee(s) a	re submitted for filing.	
Please	return all corr	espondence concerning this m	natter to the following:	
	TROY S	SANTAMARIA		
			Name of Person	
			Firm/Company	
	3850 S.	University Drive. Suite #29		·
			Address	TALL TALL
	Ft. Laud	erdale, FL 33329		THE REPORT OF
_de	ecobeach@a	ol.com	City/State and Zip Code d for future annual report notifica	RR 24 P
For fur	ther informatio	on concerning this matter, plea	•	S. 31 CARIE
Troy S	Santamaria Na	at (at (at (at (lephone Number
Enclose	ed is a check f	or the following amount:		
□ \$ 125.0	0 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)
		iling Address istration Section	Street/Courier Add	ress
	Div	ision of Corporations . Box 6327	Division of Corporat Clifton Building	ions
		ahassee, FL 32314	2661 Executive Cent	ter Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
DECO REAL ESTATE R3, LLC. (Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office.	ce of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3850 S University Drive. Suite #290334 Ft. Lauderdale, FL 33329	3850 S University Drive. Suite #290334 Ft, Lauderdale, FL 33329
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Reanother business entity with an active Florida registration.) The name and the Florida street address of the registered agency Santamaria TROY SANTAMARIA Name 3850 S University Drive. Suite # Florida street address (P.O. Box No. 1985)	gent are: (290334 IOT acceptable)
<u>Ft. Lauderdale</u> City	FL 33329 Zip
Having been named as registered agent and to accept servi the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig	ice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this all statutes relating to the proper and complete performance ations of my position as registered agent as provided for in 605, F.S

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

"MGR" = Manager	
MGR	Troy Santamaria
	3850 S. University Drive. Suite #290334
	Ft. Lauderdale, FL 33329
(Use attachment if necessary)	
ective date is listed, the date must be specif	filing: (OPTIONAL) fic and cannot be more than five business days prior to or 90 or
ective date is listed, the date must be specif of filing.) E VI: Other provisions, if any.	filing: (OPTIONAL) fic and cannot be more than five business days prior to or 90 of the first state
ective date is listed, the date must be specif of filing.) E VI: Other provisions, if any.	fic and cannot be more than five business days prior to or 90 o
REQUIRED SIGNATURE: Signature of a memb (In accordance with section 605.0) constitutes an affirmation under the	per or an authorized representative of a member. 203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true, tion submitted in a document to the Department of State is provided for in s.817.155, F.S.)
REQUIRED SIGNATURE: Signature of a memb (In accordance with section 605.0) constitutes an affirmation under th I am aware that any false informat constitutes a third degree felony as	per or an authorized representative of a member. 203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true, tion submitted in a document to the Department of State is provided for in s.817.155, F.S.)
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Signature of a member of filing. Signature of a member of a member of filing. Signature of a member	per or an authorized representative of a member. 203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true, tion submitted in a document to the Department of State is provided for in s.817.155, F.S.) RIA Typed or printed name of signee
REQUIRED SIGNATURE: Signature of a memb (In accordance with section 605.0) constitutes an affirmation under th I am aware that any false informat constitutes a third degree felony as TROY SANTAMAF T \$125.00 Filing Fee for Articles of Organ \$ 30.00 Certified Copy (Optional)	per or an authorized representative of a member. 203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true, tion submitted in a document to the Department of State is provided for in s.817.155, F.S.) RIA Typed or printed name of signee Filing Fees: Alization and Designation of Registered Agent
REQUIRED SIGNATURE: Signature of a memb (In accordance with section 605.0) constitutes an affirmation under th I am aware that any false informat constitutes a third degree felony as TROY SANTAMAF T	per or an authorized representative of a member. 203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. Ition submitted in a document to the Department of State is provided for in s.817.155, F.S.) RIA Typed or printed name of signee Filing Fees: Itization and Designation of Registered Agent

ARTICLE IV-