

L200000 14099

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Additional Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900339568569

01/22/20--01009--018 ++125.00

2020 JAN 21 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2020 JAN 21 PM 1:49

FILED

Virginia Street, Suite 1 • Tallahassee, Florida 32301
224-8870 • 1-800-342-8062 • Fax (850) 222-1222

d by: SETH

01/17/20

Date _____

Time

Will Pick Up

03:00 - Thompsonville GA B/CDE

_____ Art of Inc. File _____
 _____ LTD Partnership File _____
 _____ Foreign Corp. File _____
 _____ L.C. File _____
 _____ Fictitious Name File _____
 _____ Trade/Service Mark _____
 _____ Merger File _____
 _____ Art. of Amend. File _____
 _____ RA Resignation _____
 _____ Dissolution / Withdrawal _____
 _____ Annual Report / Reinstatement _____
 _____ Cert. Copy _____
 _____ Photo Copy _____
 _____ Certificate of Good Standing _____
 _____ Certificate of Status _____
 _____ Certificate of Fictitious Name _____
 _____ Corp Record Search _____
 _____ Officer Search _____
 _____ Fictitious Search _____
 _____ Fictitious Owner Search _____
 _____ Vehicle Search _____
 _____ Driving Record _____
 _____ UCC 1 or 3 File _____
 _____ UCC 11 Search _____
 _____ UCC 11 Retrieval _____
 _____ Courier _____

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: DECOSQUARE USA 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:

JORGE CALDERON

Name of Person

DECOSQUARE USA LLC

Firm/Company

6152 N.W. 74TH AVENUE

Address

MIAMI, FL 33166

City/State and Zip Code

jalecalo@gmail.com

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

For further information concerning this matter, please call:

JORGE CALDERON

770

624-3499

at ()

Name of Person

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

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DECOSQUARE USA LLC

(Must contain 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:

Mailing Address:

6152 N.W. 74TH AVENUE
MIAMI, FL 33166

6152 N.W. 74TH AVENUE
MIAMI, FL 33166

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:

ABE KOSS, ESQ.

Name

782 N.W. 42 AVENUE, #530

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

MIAMI

FLORIDA

33126

City

State

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 605, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
2020 JAN 21 PM 1:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

JORGE CALDERON

6152 N.W. 74TH AVENUE

MIAMI, FL 33166

AMBR

DAVID TORTOSA

6152 N.W. 74TH AVENUE

MIAMI, FL 33166

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL.)

an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after date of filing.)

ite: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

CONDUCT ANY AND ALL LEGAL MATTERS

REQUIRED SIGNATURE:

X

Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

X

Jorge A. Calderon

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)