# L20000294924

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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2021 SEP 28 AMIO: 17
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ZHOHIVHU

# Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

DATE 6/18/2020	_		**WALK IN**
ENTITY NAME DECIP	ALA FL LLC		
DOCUMENT NUMBER			
	**PLEASE FILE 1	THE ATTACHED AND RETURN	/**
	Plain Copy		
XXXX	Certified Copy		
	Certificate of Status		
*		FOLLOWING FOR THE ABOVE	ENTITY**
Certified Copy of Arts & Amendments			
		& Amendments Complete File (Inc.	luding Annual Reports)
	Certificate of Status	2 /4	
19	Ceruficate of Status A	Peflecting:	
	**APOSTILLE'/	NOTARIAL CERTIFICATIOI	V**
COUNTRY OF DESTINAT			
NUMBER OF CERTIFICA	TES REQUESTED		
TOTAL OWED \$ 155.0	0	ACCOUNT # 12014( United Corporate Services, Inc.	DOOD 108 Keith Heppard  Thank you so much!
Please call Tina at ti	he above number for	any issues or concerns. T	Thank you so much!

### COVER LETTER

10

TO: Registration Section Division of Corporations		
SUBJECT: <u>DECIPALA FL LLC</u> Name of L	imited Liability Company	
.vane or E	mined Entomy Company	
The enclosed Articles of Organization and fee(s)	are submitted for filing.	
Please return all correspondence concerning this r	natter to the following:	
Mark Weiss		
	Name of Person	
Peyser & Alexander Management		
	Firm/Company	
500 Fifth Avenue - #4300		
	Address	
New York, NY 10110		
•	City/State and Zip Code	
mweiss@peyalex.com E-mail address: (to be use	ed for future annual report notifica	tion)
For further information concerning this matter, ple	ease call:	
Mark Weiss at ( Name of Person	516 ) 303-6392 Area Code Daytime Tel	ephone Number
Enclosed is a check for the following amount:		
□ \$125.00 Filing Fee	☑\$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	Street/Courier Addr	<u>ess</u>
Registration Section Division of Corporations	Registration Section	ons.
P.O. Box 6327	Division of Corporati Clifton Building	OHA
Tallahassee, FL 32314	2661 Executive Cente	er Circle

Tallahassee, FL 32301

FILED

## 2020 SEP 28 AMIDS 17

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY SECR

RETICLE I - Name:	FALLAHASSEE, FL
he name of the Limited Liability Company is:	FL
DECIPALA FL LLC	
	ed Liability Company, "L.L.C.," or "LLC.")
RTICLE II - Address:	
he mailing address and street address of the principal	office of the Limited Liability Company is:
rincipal Office Address:	Mailing Address:
00 FIFTH AVENUE - #4300	500 FIFTH AVENUE- #4300
IEW YORK, NY 10110	NEW YORK, NY 10110
he name and the Florida street address of the registers  MARK WEISS  Nam	
3080 TIMBERLAKE POINT Florida street address (P.O. B	
PONTE VEDRA BEACH	FL 32082
City	Zip
the place designated in this certificate, I hereby according. I further agree to comply with the provision of my daties, and I am familiar with and accept the control of t	service of process for the above stated limited liability company at sept the appointment as registered agent and agree to act in this as of all statutes relating to the proper and complete performance obligations of my position as registered agent as provided for in apter 605. F.S
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(CONTINUED)

Page 1 of 2

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Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR - Stallager	MARK WEISS
<u> </u>	500 FIFTH AVENUE - #4300
	NEW YORK, NY10110
	11211 101111111111111111111111111111111
	= 5
	الله والم
	7. A
(Use attachment if necessary)	· <u>· · · · · · · · · · · · · · · · · · </u>
F.V. Effortive data if other than the data	of filing:
ective date is listed, the date must be sno	ecific and cannot be more than five business days prior to or 90
of filing.)	Since and Cannot be more than the business may be provided to
<b></b>	
E VI: Other provisions, if any.	
BEAUTHEASTA PHAC	1/1
REQUIRED SIGNATURE:	

Signature of a member or an authorized representative of a member. (In accordance with section 605,0203 (1) (b), 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.)

MARK WEISS-AUTHORIZED REPREP OF A MEMBER
Typed or printed name of signee

#### 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)