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(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
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ertified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use On	ly



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SECRETARY OF STATE TALLAHASSEE, FLORID

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COVER LETTER

TO: New Filing Section **Division of Corporations** Decide Wealth 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: Stephon Small Name of Person Firm/Company 480 NE 30th Street #2205 Address Miami, FL 33137 City/State and Zip Code decidewealthcorp@outlook.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Stephon Small at 901 Name of Person Daytime Telephone Number Englosed is a check for the following amount: ■\$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
Decide Wealth LLC	
(Must contain the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
he mailing address and street address of the principal office	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
480 NE 20th Street #2206	480 NF 30th Street #2205

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 nother business entity with an active Florida registration.)

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

Miami FL

Name

480 NE 30th Street, #2205

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

Miami FI 33137

City State Zip

iving been named as registered agent and to accept service of process for the above stated limited liability company at the uce designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I ther agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I I 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)

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SECRETARY OF STATE
AND ABASSES OF STATE

ARTICLE IV-

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

Title:	Name and Address:	
"AMBR" = Authorized Member "MGR" = Manager		
MCR - Manager		
		
Stephon Small		
otopi di la cina	Stephon Small 440 NE 30th Street, 2703, Mann. FL 33137	
 	Miami FL 33137	
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(Use attachment if necessary)		
ADTICLE V. FOR Co. La Coale aleaste de	SCI.	
ARTICLE V: Effective date, if other than the dat		
the date of filing.)	pecific and cannot be more than five business days prior to or 90 days after	
	meet the applicable statutory filing requirements, this date will not be listed as	
the document's effective date on the Departmen	The state of the s	
the document's effective date on the Departmen	tor state's records.	
ARTICLE VI: Other provisions, if any.		
<u> </u>		
REQUIRED SIGNATURE: 2		
ATTI		
	nember or an authorized representative of a member. uted in accordance with section 605.0203 (1) (b), Florida Statutes.	
	se information submitted in a document to the Department of State	
	ee felony as provided for in s.817.155, F.S.	
	Typed or printed name of signee	
	1 yped 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)