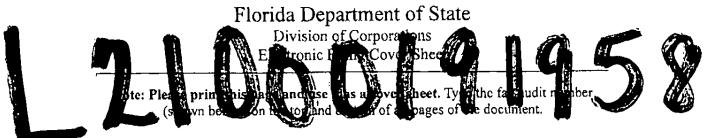
5/3/2021

Division of Corporations



(((H21000177633 3)))



H210001776333ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : ALLSTATE CORPORATE SERVICES CORP

Account Number : I20040000031 Phone

: (800)906-9220

Fax Number

: (800)906-9880

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

FLORIDA LIMITED LIABILITY CO. **DECORO VENTURES 1 LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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COVER LETTER

TO:	New Filing Sect Division of Corp				SEC TALL	
		ENTURES I LLC			AHA HA	
SUBJE	CCT:	Name of L	imited Liabili	ty Company	ECRETARY O	:
The en	closed Articles of (Organization and fee(s)	are submitted	for filing.		1
		ndence concerning this			1000 1000 1000 1000	
	STEVEN WI	EISS				
			Name of	Person		
	ALLSTATE	CORPORATE SERVI	CES CORP.			
	· · · · · · · · · · · · · · · · · · ·	···	Firm/Co	трапу		
	2215 Hendric	ckson Street, Suite 1				
			Addr	css	······································	
	Brooklyn, N	Y 11234				
			City/State an	d Zip Code		
	FILING@AC	S123.COM E-mail address: (to be us	and for future of	unual report potificati	00)	
				iningar report notificati	ony	
For furt	her information co	ncerning this matter, plo	asc call:			
	SAL ABECA	ASIS at	`800 (906-9220	·	
	Nam	e of Person	Area Code	Daytime Telephon	e Number	
Enclo	sed is a check for t	he following amount:				
□\$12	25.00 Filing Fee	■\$130.00 Filing Fee Certificate of Status	Certif	5.00 Piling Fee & led Copy hal copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	New F	ng Address iling Section		Street Address New Filing Section D The Centre of Tallah		
	P.O. 8	on of Corporations Box 6327 Bassec, FL 32314		2415 N. Monroe Stre Tallahassee, FL 3230	et, Suite 810	

(((H21000177633 3)))

AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	y Company is:			
DECORO VENTUR (Must conta	S 1 LLC in the words "Limited L	iability Com	pany, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ad	ldress of the principal of	fice of the Li	mited Liability Company is:	
Principa	l Office Address:		Mailing Addr	ess:
Orlando, FL 32827			13334 Alderly Drive Orlando, FL 32827	
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a The name and the Florida street.	cannot serve as its own active Florida registration	Registered A n.)	gent. You must designate an inc	lividual or
	17774 Aldedo Paino	•		
	13334 Alderly Drive Florida street address		NOT acceptable)	
	Orlando	FL	32827	
	City	State	Zip	
Having been named as registered place designated in this certificate further agree to comply with the pam familiar with and accept the or	, I hereby accept the app rovisions of all statutes ri bligations of my position	ointment as r elating to the as registered	egistered agent and agree to act proper and complete performan	in inis capacity, 1 ce of my duties, and I
	•	rge Garcia	O' (POURED)	
	Regist	ered Agent's	Signature (REQUIRED)	

(((H21000177633 3)))

<u>Title:</u>	Name and Address:	
"AMBR" = Authorized Member "MGR" = Manager		
AMBR	George Garcia	
Minor	13334 Alderly Drive	
	Orlando, FL 32827	
AMBR	Keyip Garcia	
	13334 Alderly Drive Orlando, FL 32827	
		
	_	
effective date is listed, the date must te of filing.)	ne date of filing: (OPTIONA) be specific and cannot be more than five business days prior (to or 90 day
CLE V: Effective date, if other than the effective date is listed, the date must te of filing.) If the date inserted in this block does becoment's effective date on the Department.	be specific and cannot be more than five husiness days prior to some state applicable statutory filing requirements, this date	to or 90 day
CLE V: Effective date, if other than the effective date is listed, the date must te of filing.) If the date inserted in this block does becoment's effective date on the Department.	be specific and cannot be more than five husiness days prior to some state applicable statutory filing requirements, this date	to or 90 day
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CLE V: Effective date, if other than the effective date is listed, the date must te of filing.) If the date inserted in this block does current's effective date on the Department's effective date on the Department.	be specific and cannot be more than five business days prior (s not meet the applicable statutory filing requirements, this date tment of State's records.	to or 90 day
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CLE V: Effective date, if other than the effective date is listed, the date must te of filing.) If the date inserted in this block does becoment's effective date on the Depart CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is a maware that any aware that	Solution to the specific and cannot be more than five husiness days prior to solve the applicable statutory filing requirements, this date that of State's records. George Garcia of a member or an authorized representative of a member. It executed in accordance with section 605.0203 (1) (b), Florida S	tatutes.
CLE V: Effective date, if other than the effective date is listed, the date must te of filing.) If the date inserted in this block does becoment's effective date on the Depart CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is I am aware that an aware that aware that an awa	George Garcia So a member or an authorized representative of a member. Research in accordance with section 605.0203 (1) (b), Florida So any false information submitted in a document to the Department of degree felony as provided for in s.817.155, F.S.	tatutes.

THAY -3 AM 2: 5