

L2 1000390754

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H21000327429 3)))



H210003274293ABCJ

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 : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
DECOTOP GROUP, LLC

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

2021 SEP 01 PM 2:33

2021 SEP 01 PM 2:33

FILED

2021 SEP 01 PM 4:49

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name: The name of the Limited Liability Company is:

Decotop Group, 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:

241 NW 120th Ave
Miami, FL 33182

241 NW 120th Ave
Miami, FL 33182

ARTICLE III – Registered Agent, Registered Office, & Registered Agent’s Signature:

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

Francisco M. Gomez Chollett
241 NW 120th Avenue
Miami, FL 33182

FILED
2021 SEP - 1 PM 2:33
TALLAHASSEE, FL

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.

DocuSigned by:
Francisco M. Gomez Chollett
6A0ED22AF40A4F4...

Registered Agent’s Signature

ARTICLE IV – Manager(s) or Authorized Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

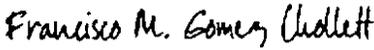
Name and Address:

Authorized Member

Francisco M. Gomez Chollett

Address: 241 NW 120th Ave Miami Florida 33182

REQUIRED SIGNATURE:

DocuSigned by:

 0ADED22AF40A4FA...

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.)

Francisco M. Gomez Chollett

Typed or printed name of signee