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.

(((H220000545243))) .



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

Division of Corporations

Fax:Number : (850)617-6381

From
Decaunt Name
EXPERTAX
Account Number I20200000010
Phone (407)777-7470

े इस्तिको विश्व असी असी । अन्य स्थित राज्य

(40/)//-7470 Fax Number : : (321)206-9743

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

Email Addr	·ess:	·	 ·
[4] Tal. 3	ste s <del>id tagi</del> t		

## FLORIDA LIMITED LIABILITY CO. EROS DECOR LLC

Certificate of Status	1
Certified Copy	0:!
Page Count	04
Estimated Charge	\$130.00

Electronic Filing Menu. Corporate Filing Menu

6.43.35

Help

### H22000054524 3

#### COVER LETTER

	New Filing Section Division of Corporations
	EROS DECOR LLC
SUBJEC	Name of Limited Liability Company
The enclo	used Articles of Organization and fee(s) are submitted for filing.
Please re	urn all correspondence concerning this matter to the following:
	ESTEFANY PERDOMO
	Name of Person
	Firm/Company
	2001 SHINGLE OAK LN
	Address
	KISSIMMEE, FL 34746
•	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For furthe	r information concerning this matter, please call:
	ESTEFANY PERDOMO 407 202-6099
	Name of Person Area Code Daytime Telephone Number
Enclose	d is a check for the following amount:
<b>□\$</b> 125	00 Filing Fee Status St
	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

## H220000545243

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE II - Address: The mailing address and stre	et address of the principal offic	bility Company, "L.L.C.," or "LUC.")  be of the Limited Liability Company is:	
The mailing address and stre		ce of the Limited Liability Company is:	
<u>Prin</u>			
	ncipal Office Address:	Mailing Address	<u>5</u> :
2001 SHINGLE	OAK LN -	2001 SHINGLE OAK LN	
KISSIMMEE, FI	L 34746	KISSIMMEE, FL 34746	
	n an active Florida registration.		vidual of
	an active Florida registration. reet address of the registered a  ESTEFANY PERDO!	) gent are:	vidual of
	an active Florida registration. reet address of the registered a  ESTEFANY PERDO!	gent are:  MO Name	vidual of
	n an active Florida registration.  reet address of the registered a  ESTEFANY PERDON  2001 SHINGLE OAK	gent are:  MO Name	vidual of
	n an active Florida registration.  reet address of the registered a  ESTEFANY PERDON  2001 SHINGLE OAK	gent are: MO Name LN	vidual or

(CONTINUED)

Registered Agent's Signature (REQUIRED)

# H220000 545243

	Name and Address:
<u>ltle:</u> AMBR" = Authorized Member	
MGR" = Manager	
AfOX. — Manager	PETERALLY PERIONO
MBR	ESTEFANY PERDOMO 2001 SHINGLE OAK LN
	KISSIMMEE, FL 34746
	•
Use attachment if necessary)	
ctive date is listed, the date must be f filing.) the date inserted in this block does n	date of filing:
ective date is listed, the date must be filling.) the date inserted in this block does neent's effective date on the Department's effective date on the Departm	e specific and cannot be more than five business days prior work of some statutory filing requirements, this date will not ent of State's records.
ective date is listed, the date must be filing.) the date inserted in this block does neent's effective date on the Departm  EVI: Other provisions, if any.	of State's records.
ective date is listed, the date must be filing.) the date inserted in this block does neent's effective date on the Departm  EVI: Other provisions, if any.	of meet the applicable statutory filing requirements, this date will no ent of State's records.
ective date is listed, the date must be filing.) the date inserted in this block does neent's effective date on the Departm  EVI: Other provisions, if any.	of State's records.
ective date is listed, the date must be f filing.) the date inserted in this block does neent's effective date on the Departm EVI: Other provisions, if any.	of State's records.
ctive date is listed, the date must be f filing.) the date inserted in this block does nent's effective date on the Departm E VI: Other provisions, if any.	of State's records.
retive date is listed, the date must be f filing.) the date inserted in this block does not the Department's effective date on the Department's Other provisions, if any.  REQUIRED SIGNATURE:	e specific and cannot be more than five business days provided will not meet the applicable statutory filing requirements, this date will not ent of State's records.
ctive date is listed, the date must be f filing.) the date inserted in this block does nent's effective date on the Departm E VI: Other provisions, if any.  REQUIRED SIGNATURE:	especific and cannot be more than five business days provided to meet the applicable statutory filing requirements, this date will no ent of State's records.
ctive date is listed, the date must be filing.) the date inserted in this block does neent's effective date on the Departm E VI: Other provisions, if any.  REQUIRED SIGNATURE:	a member or an authorized representative of a member.
ctive date is listed, the date must be filing.) the date inserted in this block does neent's effective date on the Departm  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a This document is express that any	a member or an authorized representative of a member.  Received in accordance with section 605.0203 (1) (b), Florida Statutes.
ctive date is listed, the date must be filing.) the date inserted in this block does neent's effective date on the Departm  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a This document is express that any	a member or an authorized representative of a member.
ctive date is listed, the date must be filing.) the date inserted in this block does neent's effective date on the Departm  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a This document is express that any	a member or an authorized representative of a member. recuted in accordance with section 605.0203 (1) (b), Florida Statutes. false information submitted in a document to the Department of State regree felony as provided for in s.817.155, F.S.
ctive date is listed, the date must be filing.) the date inserted in this block does neent's effective date on the Departm  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a This document is express that any	a member or an authorized representative of a member.  Recuted in accordance with section 605.0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.  ESTEFANY PERDOMO
ctive date is listed, the date must be filing.) the date inserted in this block does neent's effective date on the Departm  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a This document is express that any	a member or an authorized representative of a member. recuted in accordance with section 605.0203 (1) (b), Florida Statutes. false information submitted in a document to the Department of State regree felony as provided for in s.817.155, F.S.
ctive date is listed, the date must be filing.) the date inserted in this block does nent's effective date on the Departm E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a This document is exil am aware that any constitutes a third de	a member or an authorized representative of a member.  Recuted in accordance with section 605.0203 (1) (b), Florida Statutes.  Raise information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.  ESTEFANY PERDOMO  Typed or printed name of signee  Filing Fees:
ctive date is listed, the date must be filing.) the date inserted in this block does nent's effective date on the Departm E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a This document is exil am aware that any constitutes a third de-	a member or an authorized representative of a member.  Recuted in accordance with section 605.0203 (1) (b), Florida Statutes.  Raise information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.  ESTEFANY PERDOMO  Typed or printed name of signee  Filing Fees:
ctive date is listed, the date must be filing.) the date inserted in this block does nent's effective date on the Departm  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a This document is extlarm aware that any constitutes a third described to the state of	a member or an authorized representative of a member.  tecuted in accordance with section 605.0203 (1) (b), Florida Statutes. false information submitted in a document to the Department of State agree felony as provided for in s.817.155, F.S.  ESTEFANY PERDOMO Typed or printed name of signee  Filing Fees:  [Organization and Designation of Registered Agent]
ctive date is listed, the date must be filing.) the date inserted in this block does nent's effective date on the Departm E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a lam aware that any constitutes a third de Signature of a lam aware that any constitutes a lam aware that any constitutes a lam aware that a lam	a member or an authorized representative of a member.  Recuted in accordance with section 605.0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.  ESTEFANY PERDOMO Typed or printed name of signee  Filing Fees:  (Organization and Designation of Registered Agent all)
sective date is listed, the date must be filing.) the date inserted in this block does not ment's effective date on the Departm  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a This document is extlem aware that any constitutes a third described by the state of the stat	a member or an authorized representative of a member.  Recuted in accordance with section 605.0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.  ESTEFANY PERDOMO Typed or printed name of signee  Filing Fees:  (Organization and Designation of Registered Agent all)
serve date is listed, the date must be filing.) the date inserted in this block does not nent's effective date on the Departm  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a lam aware that any constitutes a third design of the lam and the lam aware that any constitutes a third design of the lam aware that a lam aware that any constitutes a third design of the lam aware that a lam awa	a member or an authorized representative of a member.  Recuted in accordance with section 605.0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.  ESTEFANY PERDOMO Typed or printed name of signee  Filing Fees:  (Organization and Designation of Registered Agent all)