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(Red	questor's Name)	
(Add	dress)	
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(City	//State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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COVER LETTER

TO:	New Filing Sec Division of Cor			
SUBJE		ECORUS SUPPORT SER	VICES LLC	
3000		Name of Lin	nited Liability Company	
The end	closed Articles of	Organization and fee(s) are	submitted for filing.	
Please	return all correspo	ondence concerning this ma	tter to the following:	
		DE	CORUS A. GROSS	
		<u> </u>	Name of Person	
		DECORUS SL	JPPORT SERVICES LLC	
			Firm/Company	
		1905 PRINCET	ON LAKES DR - APT. 2111	
	 		Address	
			ΓΑΜΡΑ, FLORIDA 33511	
	1		ity/State and Zip Code	
	decor	USUSS @ G	chocom	
			for future annual report notificat	ion)
For furth	er information co	ncerning this matter, please	e call:	
	DECORUS A	A. GROSS (at (×13,408-95	72
	Nam	e of Person Ai	rea Code Daytime Telephon	e Number
Enclose	ed is a check for t	he following amount:		
□\$125	5.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	■\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
			<i>5</i>	

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

ARTICLE I - Name: The name of the Limite	ed Liability Company is:				
DECORUS	SUPPORT SERVICES LLC				
	Must contain the words "Limited	Liability Company, "	L.L.C.," or "LLC.")		
ARTICLE II - Addre The mailing address an	ss: d street address of the principal o	office of the Limited I	liability Company is:		
Principal Office Address:			Mailing Address:		
1905 Princeton Lakes Drive - Apt. 2111			1905 Princeton Lakes Drive - Apt. 2111		
Tampa, Florida 33511		Tamp	Tampa, florida 33511		
The name and the Flor	19	orus A. Gross Name 05 Princeton Lakes [
	Florida street address (P.O. Box NOT acceptable)				
	Tampa	Flori <u>da</u>	33511		
	City	State	Zip		
place designated in this of further agree to comply w	egistered agent and to accept serverificate, I hereby accept the app with the provisions of all statutes re rept the obligations of my position Quarter	ointment as registered elating to the proper o	d agent and agree to ac and complete performa s provided for in Chapt	et in this capacity. I ince of my duties, and I	
		(331171113211)		% = 1∕2	
				. 2	

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 AMBR Decorus A. Gross 1905 Princeton Lakes Dr - Apt. 2111 Tampa, Florida 33511 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: _. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

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)