Division of Corporations

L9900000303

Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number

: (850)922-4003

From:

Account Name

: ACE INDUSTRIES, INC.

Account Number: 070744001530 Phone

: (305)358-2571

Fax Number

: (305)358-7832

LIMITED LIABILITY COMPANY

DECALA AND ASSOCIATES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	JY o3
Estimated Charge	\$285.00

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Page 1 of 2

H99-12725

ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

NAME OF LIMITED LIABILITY COMPANY: DECALA AND ASSOCIATES, LLC

THE DURATION OF THIS COMPANY IS: PERPETUAL

THE MAILING ADDRESS OF THIS COMPANY IS: 2336 N.E. 172nd STREET NORTH MIAMI BEACH, FL 33160

THE PRINICIPAL OFFICE ADDRESS OF THIS COMPANY IS: 2336 N.E. 172nd STREET

NORTH MIAMI BEACH, FL 33160

THE LIMITED LIABILITY COMPANY WILL BE MANAGED BY:

MEMBERS

MANAGERS

THE NAMES AND ADDRESS OF THE MEMBERS OR MANAGERS ARE AS FOLLOWS:

JOSEPH L. DE MARZIO, 2336 N.E. 172nd STREET, NORTH MIAMI BEACH, FL 33150

JOSE ALCALA, 279 SAKETT STREET, SUITE #3, BROOKLYN, NY, 11231

ANDREY S. MAKAROV, 2336 N.E. 172nd STREET, NORTH MIAMI BEACH, FL 33160

EFFECTIVE DATE UPON FILING WITH THE SECRETARY OF STATE.

SIGNATURE OF:

(SIGNATURE IS OF MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE)

PREPARED BY ACE INDUSTRIES, 54 NW 11th STREET, MIAMI, FL 33136 (305)358-2571

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AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

of DECALA AND ASSOCIATES, LLC	er deposes and s	ays:	
1) the above named limited liability company has at least two members			
2) the total amount of cash contributed by the member(s) is \$ 50,000.00		G	DI.
3) if any, the agreed value of property other than cash contributed by member(s N/A . A description of the property is attached and made a		99 MAY 26 PM	SECRETARY DI SECRETARY DI DIVISION OF CORN
4) the total amount of cash or property anticipated to be contributed by members 50,000.00. This total includes amounts from 2 and 3 above.	er(s) is	M 2: 32	DF STATE EPORATIONS

Signature of a member or authorized representative of a member.

(In accordance with section 608.408(3), Florida Structes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

£0.9

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1)	The name of the limited liability company is:
·	DECALA AND ASSOCIATES, LLC
	·
_\	ent and office is
2)	The name and address of the registered agent and office is:
	JOSEPH L. DE MARZIO
	Name
	2336 N.E. 172nd STREET
	Address (P.O. Box NOT acceptable)
	NORTH MIAMI BEACH, FL 33160
	City / State / Zip

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.

05/26/99

| Date | Date

FILING FEE: \$35 for Designation of Registered Agent

H99-12725