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Florida Department of State
Division of Corporations
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LIMITED LIABILITY COMPANY

InterDeco Enterprises LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
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**ARTICLES OF ORGANIZATION
OF
InterDeco Enterprises LLC**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the limited liability company shall be: InterDeco Enterprises LLC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 4370 NW 107 Ave #202, Miami, Florida 33178. Located in County of USA.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Fabrice Gillardo, 4370 Nw 107 Ave, Miami, FL 33178. Located in the County of Usa.

ARTICLE IV DURATION

The duration for the limited liability company shall be: 12/31/2039

ARTICLE V MANAGERS

The management of the limited liability company is reserved for the members and the name and address of the members of the Limited Liability Company is:
Jean Philippe Gillardo, 4370 Nw 107 Ave #202, Miami, Florida 33178
Laurent Gillardo, 4370 Nw 107 Ave #202, Miami, Florida 33178
Fabrice Gillardo, 4370 Nw 107 Ave #202, Miami, Florida 33178

Prepared by Richard Oster, Business Filings, 8025 Excelsior Dr. Suite 200, Madison, WI 53717.
(608) 827-5300.

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CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE

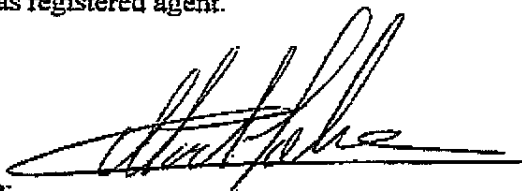
PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: InterDeco Enterprises LLC

The name and address of the registered agent and office is: Fabrice Gillardo, 4370 NW 107 Ave, # 202, Miami, FL 33178

Having been named as registered agent and to accept service of process for the above stated corporation 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.

Signature: _____



Fabrice Gillardo

Date: 10/22/99

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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