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AUG 2 2 2014 O. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

DECANIO HOLDINGS LLC

SUBJECT:

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida...

Please return all correspondence concerning this matter to the following:

ALEJANDRO KABA Name of Person KABA CONSULTING INC Firm/Company 1655 E HWY 50 SUITE 203 Address CLERMONT, FL 34711 City/State and Zip Code

maria@kabaconsulting.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alejandro Kaba

352

243-8460

Name of Contact Person

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

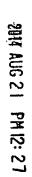
Enclosed is a check for the following amount:

■ \$125.00 Filing Fee

□ \$130.00 Filing Fee & Certificate of Status

□ \$155.00 Filing Fee & Certified Copy

□ \$160.00 Filing Fee, Certificate of Status & Certified Copy



APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign Limited Liability Company; must incl	lude "Limited Liability Company," "L.L.C.," or "LLC.")	
(If name unavailable, enter alternate name adopted for the purpose of t Liability Company," "L.L.C," or "LLC.")	transacting business in Florida. The alternate name must include "Limi	ited
2 (Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)	
4. (Date first transacted business in	n Florida, if prior to registration.)	
5. 10428 Trianon PL	5, F.S. to determine penalty liability)	
WELLINGTON, FL 33449		
6. 10428 Trianon PL	ss of Principal Office)	
Wellington, FL 33449		
(Mail	ling Address)	
7. The name, title or capacity and address of the per	rson(s) who has/have authority to manage is/are:	
TIMOTHY M DECANIO MGF	٦	Property of
10428 TRIANON PL		
WELLINGTON, FL 33449	SJAL SIAL	
8. Attached is an original certificate of existence, no having custody of records in the jurisdiction under th acceptable. If the certificate is in a foreign language, must be submitted)	ne law of which it is organized. (A photocopy is not	
Tim	Decanio	

Signature of an authorized person

(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Timothy M Decanio

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

 The name of the Limited Liability Compar 	y is:
--	-------

Decanio Holdings LLC

If unavailable, the alternate to be used in the state of Florida is:

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

Kaba Consulting Inc.

(Name)

1655 E Hwy 50 Suite 203

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Clermont, FI 3471

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 as provided for in Chapter 605, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Delaware

PAGE

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "DECANIO HOLDINGS, LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWELFTH DAY OF AUGUST, A.D. 2014.

5032505 8300

141059343

AUTHENTY CATION: 1612891

DATE: 08-12-14

You may verify this certificate online at corp.delaware.gov/authver.shtml