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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:	DECAROS PROPE	ERTY HOLDINGS, LLC				
_		Name of I	Limited Liability (Company		
The enclosed " Existence, and	Application by For check are submitte	reign Limited Liability Comp d to register the above refere	oany for Authoriza enced foreign limit	tion to Tra ted liability	nsact Business in Florida," company to transact busine	Certificate of ess in Florida
Please return a	Il correspondence o	concerning this matter to the	following:			
	Dennis Ramo					
		Na	ame of Person			
	DECAROS P	ROPERTY HOLDINGS, L	LC			
		Fi	rm/Company			
	4730 S FOR	T APACHE RD STE 300	0			
			Address			
	LAS VEGAS N	IV 89147				
		City/Si	tate and Zip Code			
	decaros62@gm	ail.com				
		E-mail address: (to be used	I for future annual	report not	ification)	
For further info	ormation concernin	g this matter, please call:				
Denr	nis Ramos		at (732) 221-02	250	
	Name (of Contact Person	Area Code	Day	time 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		of Corporations on Section uilding cutive Center Circle		
	heck for the follow 25.00 Filing Fee	ring amount: \$\Bigsim \mathbb{S} 130.00 \text{ Filing Fee & Certificate of Status}	S155.00 Filin Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Ce of Status & Certified Cop	

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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

iability Company," "L.L.C."	ternate name adopted for the purpose of transacting b	ousiness in Florida. The alternate nan	ne must include "	Limited
NEVADA	3	(FEI number, if applicable	 	
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable))	
J			-	
	(Date first transacted business in Florida, if (See sections 605.0904 & 605.0905, F.S. to de	prior to registration.) termine penalty liability)		
4730 S FORT APACHE	RD STE 300		_	
ACMECACANIMONA	A-7			
LAS VEGAS NV 891	(Street Address of Principal Office)		_	
4730 S FORT APACH	·		ZS =	
)			ECS.	
LAS VEGAS NV 8914	(Mailing Address)			म
	· · ·		SSE Aan	7
. Name and street addres	s of Florida registered agent: (P.O. Box <u>NOT</u>)	acceptable)		E
Name:	Registered Agents Inc.		FL081	0
Office Address:	3030 N. Rocky Point Dr. STE 150A		PA O	
Office Hadress.	Tampa	. Florida 33607	7	
	(City)	(Zip code)	_	
Registered agent's accep	tance:	e a residente	:::	4 4b laa
Having been named as re lesignated in this applica	tance: gistered agent and to accept service of process tion, I hereby accept the appointment as regist	ered agent and agree to act in th	is capacity. If	urther ag
Having been named as re lesignated in this applica o complywith the provisi	tance: gistered agent and to accept service of process tion, I hereby accept the appointment as regist ons of all statutes relative to the proper and co	ered agent and agree to act in th	is capacity. If	urther ag
laving been named as re lesignated in this applica o complywith the provisi	tance: gistered agent and to accept service of process tion, I hereby accept the appointment as regist	ered agent and agree to act in th	is capacity. If	urther ag
laving been named as re lesignated in this applica o complywith the provisi	tance: rgistered agent and to accept service of process rtion, I hereby accept the appointment as regist ons of all statutes relative to the proper and com my position as registered agent.	ered agent and agree to act in the mplete performance of my duties	is capacity. If	urther ag
laving been named as re lesignated in this applica o complywith the provisi accept the obligations of	tance: rgistered agent and to accept service of process stion, I hereby accept the appointment as regist ons of all statutes relative to the proper and com my position as registered agent. (Registered agent's sign	ered agent and agree to act in the mplete performance of my duties nature)	is capacity. If	urther ag
laving been named as re lesignated in this applica to complywith the provisi accept the obligations of a	tance: rgistered agent and to accept service of process rtion, I hereby accept the appointment as regist ons of all statutes relative to the proper and commy position as registered agent. (Registered agent's sign acity and address of the person(s) who has/have	ered agent and agree to act in the mplete performance of my duties nature) authority to manage is/are:	is capacity. If	urther ag
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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.

Dennis Ramos

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **DECAROS PROPERTY HOLDINGS**, **LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since July 5, 2017, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on August 1, 2017.

Ballora K. Cegerske

Barbara K. Cegavske Secretary of State

Electronic Certificate
Certificate Number: C20170801-1385
You may verify this electronic certificate
online at http://www.nvsos.gov/