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COVER LETTER

TO: Registration Section Division of Corporations

Decorus Properties 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:

Mailing Address: Registration SectionStreet Address: Registration SectionDivision of Corporations P.O. Box 6327Division of Corporations The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810	Natalie Lorenz				
Firm/Company 4984 Cedar Oak Way Address Address Sarasota, FL, 34233 City/State and Zip Code at and Zip Code natalie@decorusproperties.com E-mail address: (to be used for future annual report notification) further information concerning this matter, please call: Natalic Lorenz at (425 789 4752 Name of Contact Person at (425 Daytime Telephone Nu Mailing Address: Registration Section Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314		Name of Person			
4984 Cedar Oak Way Address Sarasota, FL, 34233 City/State and Zip Code natalie@decorusproperties.com E-mail address: (to be used for future annual report notification) arther information concerning this matter, please call: Matalie Lorenz. Name of Contact Person at (425) Mailing Address: Street Address: Registration Section Division of Corporations Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810	Decorus Propeties LLC				
Address Sarasota, FL, 34233 City/State and Zip Code natalie@decorusproperties.com E-mail address: (to be used for future annual report notification) ther information concerning this matter, please call: Natalie Lorenz Atalie Lorenz at (425) Name of Contact Person at (425) Daytime Telephone Nu Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Firm/Company			
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natalie@decorusproperties.com E-mail address: (to be used for future annual report notification) ther information concerning this matter, please call: Natalie Lorenz. at (425) Name of Contact Person at (20) Mailing Address: Street Address: Registration Section Division of Corporations Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810	Sarasota, FL, 34233				
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ther information concerning this matter, please call: <u>Natalic Lorenz</u> <u>Name of Contact Person</u> <u>Area Code</u> <u>Area Code</u> <u>Daytime Telephone Nu</u> <u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Name of Contact Person</u> <u>Area Code</u> <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	natalie@decorusproperties.com				
Natalie Lorenz. at (425) 789 4752 Name of Contact Person Area Code Daytime Telephone Nu Mailing Address: Street Address: Daytime Telephone Nu Mailing Address: Registration Section Division of Corporations Division of Corporations Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810	E-mail address: (to	be used for future annual report notification)			
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Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810	Name of Contact Person	Area Code Daytime Telephone Number			
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Tallahassee, FL 323142415 N. Monroe Street, Suite 810	Division of Corporations				
	P.O. Box 6327	5x 6327 The Centre of Tallahassee			
Tallahassee EL 32303	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810			
Taliandissee, TE 52505		Tallahassee, FL 32303			

Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE S125.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filin Certificate of Status Certified Copy of Status

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



2000-01-2110:59

FLORIDA DEPARTMENT OF STATE Division of Corporations

September 14, 2022

NATALIE LORENZ 4984 CEDAR OAK WAY SARASOTA, FL 34233

SUBJECT: DECORUS PROPERTIES LLC Ref. Number: W22000116899

We have received your document for DECORUS PROPERTIES LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 822A00020501

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

IN COMPLIANCE WITH SECTION (05.002, FLORIDA STATUTES, THE FOLLOWING IN SUBMITTED TO RECEISTER A FOREGN, LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1 Deci	orus Pr	openie	s LLC
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If name unavailable, enter alternate r	ame adopted for the purpose of transacting business in Flo	orida. The alternate	name must include "Limited Lia	bility Company," "1.	[_C," or "]	1C."
Washington			018174			
(Jurisdiction under the law of w	hich foreign immed liability company is organized)	3	(FEI murite	r, il applicable)	·	
N/A						
·	(Date first transacted business in Florida, if prior to r (See sections 605.0904 & 605.0905, F.S. to determin	egistration.) ne penalty liability))			
11021 117th PL NE			1 117th PL NE			
street Address of Principal Office)	<u> </u>	0,(Mailing Address)	V.	28	
Kirkland WA 98033		Kirkla	and WA 98033	· · ·	2822 0	
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	<u>_</u>				те ж	· r
. Name and street addres	s of Florida registered agent: (P.O. Box	<u>NOT</u> accept	able)	rt 0810 Ft 0810	 • •	
Name:	Natalie Lorenz		-	<u> E</u>	20	
Office Address:	4984 Cedar Oak Way		-			
	Sarasola		34233 Florida			
	(C a y)		(Zip code)			

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

• • • •

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	<u>Title or Capacity:</u>	Name and Address:
Manager	Natalie Lorenz	Manager	Name:
Member	4984 Cedar Oak Way Address:	Member	4984 Cedar Oak Way Address:
Authorized	Sarasota FL 34233	Authorized	Sarasota FL 34233
Person		Person	
1) Other	Other	Dother	Other
Manager	Name:	Manager	Name:
□Member	Address:		Address:
□Authorized			
Person		Person	
Other	Other	Other	0ther
□Manager	Name:	Manager	Name:
□Member	Address:	Member	Address:
□Authorized			
Person		Person	
0ther	Other	[]Other	0ther

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. 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.

Signature of th authorized person Natalie Lorenz



I, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

DECORUS PROPERTIES LLC

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 03/05/2016.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 08/26/2022 UBI Number: 603 593 150



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Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

R Hohlie

Steve R. Hobbs, Secretary of State

Date Issued: 08/26/2022