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(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

W/6WW64221

OCT 0 6 2016 T. SCOTT



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September 16, 2016

SAUL GONZALEZ 33 MALAGA AVENUE CORAL GABLES, FL 33134

SUBJECT: DECORACIONES ENTERPRISES CORP

Ref. Number: W16000064221

We have received your document for DECORACIONES ENTERPRISES CORP and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

P15000016409-DECORACIONES ENTERPRISES CORP.

Please return the corrected original and one copy of 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) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 316A00019902

COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:	De corq ciones (PROPOSED CORPORA	Enterpri	'ses Corp
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	d a check for:
	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PPY REQUIRED
FROM:	590/ 0 Name		
	33 Ma/990	Ave n	ve
	Coral Gable City,	State & Zip	33/34
	786- 49 Daytime To	01- 7873 elephone number	
<u></u>	Sery 825 E-mail address: (to be used	@hofmqi/	notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corporat	ion shall be:_	Decora	Gione	s Eni	terprises	Cosp
ARTICLE II PRINC		<u>CE</u>			Mailing address, if o	
33 Ma/a	159	Avenu	<	33	Malas	a Acenie
Coral Ga	5/es,	FL 3	33/34	Cora	1 Gable	4 Avenue 3, FL 33/34
ARTICLE III PURPO The purpose for which the	<u>SE</u> ne corporatio	n is organized is:		77 900		
Business.						
		,				SS 33
						<u> </u>
*						300 m
	,	riana na a la				် ယ မိုးနှင့် အ ကွဲလ
ARTICLE V INITIA Name and Title	LOFFICER Ronny	SAND/OR DIRI	ectors y/ez (f	Name and Title	: Saul 6	onzulez (VP)
Address	33	14/454	Avenu	Address:	33 Mal	434 Avenue
	Corul	Gables	FL 3.	3/34	C014/ 64	fonzulez (VIP) luza Avenue bles, FL 3313
						
Name and Title:				Name and Title	e:	
Address				Address:		
			····			
Name and Title:	 			Name and Title	e:	
Address				Address:		

Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTE	RED AGENT
The name and Florida stre	t address (P.O. Box NOT acceptable) of the registered agent is:
Name:	onny Gonzalez
Address: 33	Mulaga Avenue
501	onny Gonzalez Mulaga Avenue al Gables, FL 33434
ARTICLE VII INCORPO	
The <u>name and address</u> of t	e Incorporator is:
Name: Pa	groll & tax services
Address: 2	ou w 76 street \$408
<u>H</u>	1011 \$ tax benices ou w 76 5/4 eef \$408 ialea6, FL 33016
ARTICLE VIII EFFECT	IVE DATE:
Effective date, if other than	the date of filing: (OPTIONAL)
(If an effective date is listed days after the filing.)	d, the date must be specific and cannot be more than five business days prior or 90 business
	this block does not meet the applicable statutory filing requirements, this date will not be listed as e on the Department of State's records.
Having been named as reg this certificate, I am familia	stered agent to accept service of process for the above stated corporation at the place designated in with and accept the appointment as registered agent and agree to act in this capacity
(25 - C. C.	equired Signature/Registered Agent Date
	affirm that the facts stated herein are true. I am aware that the false information submitted in a tof State constitutes a third degree felony as provided for in s.817.155, F.S.
	9 links
Required Signar	g/10/16 ure/Incorporator Date

SAUL GONZALEZ 18111 NW 68 Ave Miami, FL 33015

To whom it may concern;

I SAUL GONZALEZ, president of DECORACIONES ENTERPRISES CORP (Document # P15000016409) will not be renewing above corporation for 2016. I am asking The Florida Department of Corporation to dissolve DECORACIONES ENTERPRISES CORP (Document # P15000016409). I would like to reopen a new corporation under the same name as per attached documents.

Should you have any question please contact me at the 786-385-5252.

SAUL GONZALEZ

Sincerely