

**Florida Department of State**  
**Division of Corporations**  
**Electronic Filing Cover Sheet**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H20000028904 3)))



H200000289043ABCZ

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

**To:**

Division of Corporations  
Fax Number : (850)617-6381

**From:**

Account Name : SICONT ENTERPRISES OF AMERICA INC  
Account Number : I20160000041  
Phone : (407)443-8973  
Fax Number : (407)930-2626

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.**  
**TADM INVESTMENTS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

(H20000028904 3)

## COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: TADM INVESTMENTS LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DESIREE TORRES

Name of Person

SICONT ENTERPRISES OF AMERICA INC

Firm/Company

13574 VILLAGE PARK DR STE 250

Address

ORLANDO FL 32837

City/State and Zip Code

SUNBIZ.SICONT@HOTMAIL.COM

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

For further information concerning this matter, please call:

DESIREE TORRES

407

443-8973

at ( )

Name of Person

Area Code

Daytime Telephone Number

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  
(additional copy is enclosed)

☐ \$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

Mailing Address

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

Street Address

New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

(H20000028904 3)

(H20000028904 3)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

TADM INVESTMENTS LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:99 White Marsh Circle  
Orlando FL 32824Mailing Address:99 White Marsh Circle  
Orlando FL 32824

## ARTICLE III - Registered Agent, Registered Office, &amp; Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

ORLANDO REGISTERED AGENTS LLC

Name

13574 VILLAGE PARK DR STE 250Florida street address (P.O. Box NOT acceptable)ORLANDO

City


FL

State

32837

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, F.S..

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED IN STATE FILE

20 JAN 27 PM 1:29

(H20000028904 3)

(H20000028904 3)

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**MGR

TRISTAN ALFONSO DIEGUEZ MARTINEZ  
 99 WHITE MARSH CIRCLE  
 ORLANDO, FL 32824

MGR

MARIA TERESA DIEGUEZ  
 99 WHITE MARSH CIRCLE  
 ORLANDO, FL 32824

MGR

CLAUDIA ANDREA DIEGUEZ  
 99 WHITE MARSH CIRCLE  
 ORLANDO, FL 32824

MGR

MARCELA PAZ DIEGUEZ  
 99 WHITE MARSH CIRCLE  
 ORLANDO, FL 32824

(Use attachment if necessary)

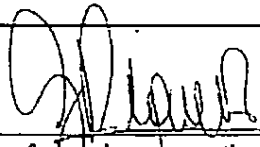
ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

THE COMPANY WILL ENGAGE IN ANY AND ALL LAWFUL BUSINESS ALLOWED IN THE UNITED STATES  
OF AMERICA AND THE STATE OF FLORIDA

**REQUIRED SIGNATURE:**


Signature of a member or an authorized representative of a member.

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.

GONZALO IGNACIO DIEGUEZ

Typed or printed name of signer

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

20 JAN 27 PM 1:29  
 DEPARTMENT OF STATE

(H20000028904 3)

(H2000028904 3)

#### ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

**"AMBR" = Authorized Member**

"MGR" = Manager

**Name and Address:**

MGR\_\_\_\_\_

GONZALO IGNACIO DIEGUEZ  
99 WHITE MARSH CIRCLE  
ORLANDO, FL 32824

MGR \_\_\_\_\_

CARLA SOFIA DIEGUEZ  
99 WHITE MARSH CIRCLE  
ORLANDO, FL 32824

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

*[Handwritten signature]*

Signature of a member or an authorized representative of a member.  
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.

GONZALO IGNACIO DIEGUEZ

Typed or printed name of signee

**Filing Fees:**

**\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**

State of S...

20 JUL 7 11 1:30

(H2000028904 3)