

L200 0022847

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.

((H20000257839 3))



H200002578393ABC3

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

RECEIVED

2020 AUG -3 PM 4: 04

REGISTRAR  
CORPORATIONS  
DIVISION  
SPECIAL  
SERVICES

To: Division of Corporations  
Fax Number : (850)617-6381  
From: Account Name : HUBCO  
Account Number : 104662003400  
Phone : (516)935-3940  
Fax Number : (516)935-3088

STATE OF FLORIDA  
TALLAHASSEE, FL 32304

20 AUG -3 PM 6: 07

FILED

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

Email Address: jean98L@gmail.com

FLORIDA LIMITED LIABILITY CO.  
SIZONNEN LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

20 AUG -3 PM 1: 57



H20000257839 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

AMBR

**Name and Address:**

JEAN LOUIS FILTIDOR

1431 NW 173RD TER

MIAMI GARDENS, FL 33169-5120

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

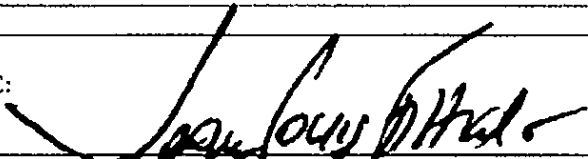
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.)

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

\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**



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

(In accordance with section 605.0203 (1) (b), Florida Statutes, 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.)

JEAN LOUIS FILTIDOR

Typed or printed name of signee

FILED  
20 AUG -3 PM 6: 07  
TALLAHASSEE, FL 32304