**Division of Corporations Electronic Filing Cover Sheet** 

Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE,

Account Number : I2000000019

Phone

: (305)552-5973

Fax Number

: (305)220-1440

\*\*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. SIC MANAGEMENT LLC.

Certificate of Status 1 Certified Copy 0 Page Count 03

Estimated Charge

\$130.00

C. LEWIS

EXANTINER

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SECRETARY OF STATE

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SIC MANAGEMENT LLC.

(Must end with 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:	Malling Address:	
BOI BRICKELL KEY BLUD	BOI BRICKELL KEY BLUD	
2808	2808	
Th'AM, FL 33131	MAMI, FL 33131	

ARTICLE III - Registered Agent, Registered Office, & 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:

ORNELLA P. ABREU			
Name			
801 BRICKELL KEY BLUB 2808			
Florida street address (P.O. Box NOT acceptable)			
MIAHI, FL 51 33131			
City, State, and 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 608, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)
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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

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SECRETARY OF STATE

<u>Title:</u>	. 1/	Name and Address:	IMPERATOR
	= Manager " = Managing Member		•,
HGR	M	PLANELLA P. ABREU	
1761	-1 (	BOI BRICKELL KEY	3LUO 2808
		MANY FL 3313	
<del></del>	***************************************		,
			**************************************
			·
(Use atta	chment if necessary)		•
	- 		(OPTION 1
CTICLE V: El	Hective date, it other than the	date of filing:	(OPTIONAL)
	er the date of filing.)	e specific and calmor of more than	i iive pusidess days prior
<b>DECLET</b>	DEFENDENCE A SECURIOR.		
KEQUIF	RED SIGNATURE:	0	
	(DAB	ulewor	·
	Signature of a member	r or an authorized representative of a r	nember.
	constitutes an affirmation under I am aware that any false information	.408(3), Florida Statutes, the execution of the penalties of perjury that the facts state that on submitted the penalties of the Department of the Departmen	ed herein are true.
		28 provided for in 8.817.155, F.S.)	
	ORNELLA	ア・オイビリグレ・	

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)

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Typed or printed name of signee