## L14000006423

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
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## COVER LETTER

	Registration Section Division of Corporations	
SUBJEC <sup>*</sup>	Sisco Sales o	of Florida
SOBJEC		e of Limited Liability Company
The enclos	sed Articles of Organization and	fee(s) are submitted for filing.
Please retu	urn all correspondence concerning	g this matter to the following:
	Charlie M. Sw	eat
		Name of Person
	Sisco Sales of	Florida
		Firm/Company
	1961 Universit	ty Blvd, S
		Address
	Jacksonville, F	Florida 32216
	cmsweat@comcast.	City/State and Zip Code
		dress: (to be used for future annual report notification)
For further	r information concerning this mat	ter, please call:
Char	rlie M. Sweat	904 219-2026
	Name of Person	Area Code Daytime Telephone Number
Enclosed in \$125,00 F	s a check for the following amoustiling Fee \$\sqrt{130.00 Filing F}\$  Certificate of St	ee & \$155.00 Filing Fee & \$160.00 Filing Fee,
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLE I - Name: The name of the Limited Liabi			
The name of the Limited Links			
The name of the Diffitted Distri	lity Company is:		
Sisco Sales of Florida, LLC			
(Must en	d with the words "L	imited Liability Company, "L.L.C.," or "L	LC.")
ARTICLE II - Address:			
The mailing address and street	address of the princ	cipal office of the Limited Liability Compa	ny is:
Principal Office Address:		Mailing Address:	
1961 University Blvd, S	·····	1961 University Blvd, S	
Jacksonville, Florida 32216		Jacksonville, Florida 32216	
(The Limited Liability Compa- another business entity with a The name and the Florida street	n active Florida regi		ate an individual or
Charlie I	И. Sweat		
		Name	
1961 Un	iversity Blvd, S		
Floric	la street address (P.	O. Box NOT acceptable)	
Jack	sonville	FL 32216	
Jack	SONVIIIE City	FL 32216 Zip	
Having been named as registe the place designated in this capacity. I further agree to c	City  Tred agent and to act is certificate, I hereby comply with the proviliar with and accept		t and agree to act in this and complete performance
Having been named as registe the place designated in this capacity. I further agree to c	City  red agent and to act certificate, I hereby comply with the prov liar with and accept  Registered Agent's	Zip  cept service of process for the above stated is accept the appointment as registered agencisions of all statutes relating to the proper of the obligations of my position as registered Chapter 605, F.S	t and agree to act in this and complete performance

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Charlie M. Sweat  1981 University Bivd, S
	Jacksonville, Florida 32216
6	
(Use attachment if necessary)	
· •	
ctive date is listed, the date must be spe f filing.)	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or
E V: Effective date, if other than the date extive date is listed, the date must be spend filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or
E VI: Other provisions, if any.  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a men  (In accordance with section of constitutes an affirmation under the constitutes any false in the constitutes are that any false in the constitutes are that any false in the constitutes are the constitutes any false in the constitutes are the constitutes any false in the constitutes are the constitu	mber or an authorized representative of a member.  605.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.)
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