

# L18 000 241 194

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

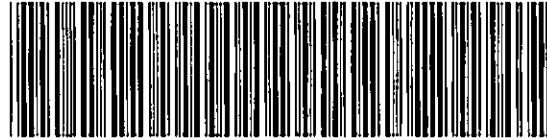
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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OCT 19 2018

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: INTERCOM GLOBAL PRODUCTS 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:

JUAN MARIA ROJAS ALVAREZ

Name of Person

INTERCOM GLOBAL PRODUCTS LLC

Firm/Company

4101 WYNDHAM CREST BLVD

Address

SAWFORD FL 32713

City/State and Zip Code

intercom-globalproducts05@gmail.com

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

For further information concerning this matter, please call:

JUAN M. ROJAS at ( 407 ) 391-47 55

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 of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

INTERCOM GLOBAL PRODUCTS 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:

4101 WYNDHAM CREST BLVD  
SAWFOOD FL 32773

Mailing Address:

3665 S. Orlando Dr Suite #131  
SAWFOOD, FL 32773

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:

JUAN M ROJAS

Name

4101 WYNDHAM CREST BLVD

Florida street address (P.O. Box **NOT** acceptable)

SAWFOOD FL 32773

City

State

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)

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

AMBR

AMBR

AMBR

**Name and Address:**

JUAN M ROJAS ALVAREZ

4101 WYNDHAM CREST BLVD

SAW FORD FL 32773

CESAR PEREZ

4101 WYNDHAM CREST BLVD

SAW FORD FL 32773

NESTOR MOLINA GONGORA

ANTIGUO HOSPITAL VELEZ CASA NUMERO 225E

MANAGUA NICARAGUA

ALBA LUZ GONZALEZ

MONSEÑOR LEZCANO CASA NUMERO 61B

MANAGUA NICARAGUA

(Use attachment if necessary) **SEE ATTACHMENT**

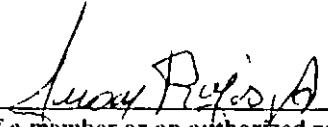
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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:**

  
**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.

JUAN ROJAS ALVAREZ

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)

SECRET  
TALLAHASSEE, FL

18 OCT 17 PM 11:44

RECD

ATTACHMENT 1

INTERCOM GLOBAL PRODUCTS LLC.

ARTICLE IV

TITLE

AMBR

ALFREDO RAMON MARTINEZ ZECU

MONSEÑOR LEZCANO CASA 62B

MANAGUA NICARAGUA

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TALLAHASSEE, FL

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