Division of Corporations
Electronic Filing Cover Sheet

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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:		

2010 OCT IL AMIO: 18 SECRETARY OF STATI

FLORIDA LIMITED LIABILITY CO. ANDES REAL ESTATE LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

	Division of Corporations	· · · · · · · · · · · · · · · · · · ·	
SUBJEC	ANDES REAL ESTATE LLC		
SOBJEC		mited Liability Company	
The encl	osed Articles of Organization and fee(s) a	re submitted for filing.	
Please re	turn all correspondence concerning this ir	natter to the following:	
	DESIREE TORRES		
	-	Nume of Person	
	SICONT ENTERPRISES OF AMERI	CA INC	
		Firm/Company	
	33574 VILLAGE PARK DR STE 250)	
		Address	
	ORLANDO FL 32837		•
	SUNBIZ.SICONT@HOTMAIL.COM	City/State and Zip Code	·
		d for future annual report notification)	
For furthe	r information concerning this matter, pleas	•	
	DESIRÉE TORRES 4	443-8973	
		Area Code Daytime Telephone Num	nber
Enclosed	is a check for the following amount:		
\$125.00	Fiting Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	160.00 Filing Fee, critificate of Status & crtified Copy ditional copy is enclosed)
	Mailling Address New Filing Section Division of Corporations P.O. Box 6327 Tallaisassee, FL 32314	Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Cire	cle

Tallahassec, FL 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ANDES REAL ESTATE 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:

Mailing Address:

8810 Commodity Circle Ste 35
Orlando Fl 32819
Orlando Fl 32819
Orlando Fl 32819

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:

DESIREE TORRES

Name

13574 Village Park Dr Ste 250

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

 Orlando
 FI
 32837

 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 603, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

**MGR* = Manager MGR ESTEBAN JAVIER MONTERO VERGARA 8810 Commodity Circle Ste 35 Orlando F1 32819 MGR RENATA IVONNE ESPINOSA CATALAN 8810 Commodity Circle Ste 35 Orlando F1 32819 MGR EDUARDO JAVIER ORDENES MAUREIRA 8810 Commodity Circle Ste 35 Orlando F1 32819 (Use attachment if necessary) TICLE V: Effective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 date of filing.) It: If the date inserted in this block does not meet the applicable starutory filing requirements, this date will not be document's effective date on the Department of State's records. TICLE VI: Other provisions, if any, ECOMPANY WILL ENGAGE IN ANYAND ALL LAWFUL BUSINESS ALLOWED IN THE UNITED STATAMERICA AND THE STATE OF FLORIDA REQUIRED SIGNATURE: Signature of a member of 38 authorized representative of a member.	Title: "AMBR" = Authorized Member	Name and Address:
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Filing Fees:

Typed or printed name of signee

\$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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