

Florida Department of State
Division of Corporations

L2100009357 #210000935 033

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.

((H21000093503 3)))



H210000935033ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. 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: _____

2021 MAR -9 AM 11:30

RECEIVED

3/10/21
[Signature]

FLORIDA LIMITED LIABILITY CO.
FIJA HOLDING LLC

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

2021 MAR -9 AM 9:28
RECEIVED
DIVISION OF CORPORATIONS
COMMERCIAL
REGISTRATION SERVICES

COVER LETTER

H210000 935033

TO: New Filing Section
Division of Corporations

SUBJECT: FIJA HOLDING LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fcc(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DESIREE TORRES

Name of Person

SICONT ENTERPRISES OF AMERICA INC

Firm/Company

13574 Village Park Dr. Ste. 250

Address

Orlando Fl 32837

City/State and Zip Code

sunbiz.sicont@hotmail.com

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

For further information concerning this matter, please call:

DESIREE TORRES	407	443-8973
Name of Person	at (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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED
STATE OF FLORIDA
2021 MAR -9 AM 11:30

H210000 935 033

H210000 935043

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FIJA HOLDING 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:

13574 Village Park Dr. Ste. 250
Orlando FL 32837

13574 Village Park Dr. Ste. 250
Orlando FL 32837

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:

Orlando Registered Agents LLC

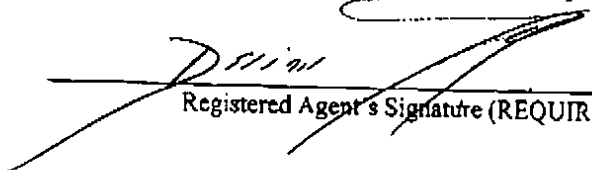
Name

13574 Villaga Park Dr. Ste. 250

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

<u>Orlando</u>	<u>FL</u>	<u>32837</u>
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)

2021 MAR -9 AM 11:30
STATE OF FLORIDA
FILED

H210000 935043

H2100009356

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

FIJA LLC
30 N Gould St. Ste. 4000
Sheridan, WY 82801

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

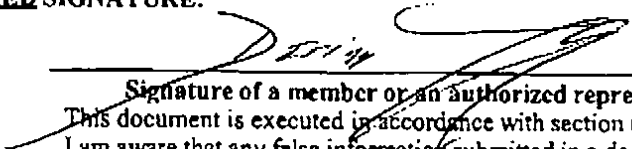
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.

The company will engage in any and all lawful business allowed in the United States of America and the State of Florida.

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.

DESIREE TORRES

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)

FILED
2021 MAR -9 AM 11:38
STATE OF FLORIDA

H2100009356-033