

**L21000175437**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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**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: sunbiz.sicont@Hotmail.com

**FLORIDA LIMITED LIABILITY CO.  
OASIBETH SERVICES LLC**

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

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Corporate Filing Menu

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## COVER LETTER

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TO: New Filing Section  
Division of Corporations

SUBJECT: OASIBETH SERVICES 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:

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

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

OASIBETH SERVICES 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:9035 CREEKVIEW PRESERVE DR STE 212  
ORLANDO FL 32837Mailing Address:9035 CREEK PRESERVE DR STE 212  
ORLANDO FL 32837

## ARTICLE III - Registered Agent, Registered Office, &amp; 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

13550 Village Park Dr Ste 255Florida 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..

***Desiree Torres***

Registered Agent's Signature (REQUIRED)

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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

**Name and Address:**

MGR

CHRISTIAN JOSE MANZANO  
9035 CREEKVIEW PRESERVE DR STE 212  
ORLANDO FL 32837

MGR

CAROLINA SUYIN GOMEZ  
9035 CREEKVIEW PRESERVE DR STE 212  
ORLANDO FL 32837

(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:***Carolina Gomez*

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.

CAROLINA SUYIN GOMEZ

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)

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## eSignature - Certificate of Completion

Document id: **WZBYVW6**  
Signatures: **2**  
Initials: **0**  
Signature originator: **Desiree Torres (sicont@live.com)**  
Originator IP address: **108.188.147.132**  
Time zone: **UTC**  
Document pages: **3**

## Signers

Signer: **Desiree Torres**  
sicont@live.com  
IP address: **108.188.147.132**  
Signer id: **CWKH2SJPS**  
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Signature  
**Desiree Torres**  
*Desiree Torres*

Signer: **Carolina Gomez**  
cgomezmisler@gmail.com  
IP address: **107.72.178.149**  
Signer id: **C97DB23TX**  
Timestamp: Sent - **22/04/2021 07:45 PM**  
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Signature  
**Carolina Gomez**  
*Carolina Gomez*

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VALUATION

E-11-10

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