

5/28/2021 3:55 PM

FROM: Office of the Secretary of State

L21000252378

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.
INVERSIONES G5C LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 MAY 28 AM 10:28

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#210002116183

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: INVERSIONES G5C 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

13550 VILLAGE PARK DR STE 255

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
at ()
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

#210002116183

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

H210002116183

ARTICLE I - Name:

The name of the Limited Liability Company is:

INVERSIONES GSC 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:

8810 COMMODITY CIRCLE STE 35
ORLANDO FL 32819

Mailing Address:

8810 COMMODITY CIRCLE STE 35
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:

ORLANDO REGISTERED AGENTS LLC

Name

13550 VILLAGE PARK DR STE 255

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

ORLANDO

FL

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 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

Name and Address:

MGR

RICARDO FELIPE GUTIERREZ
8810 COMMODITY CIRCLE STE 35
ORLANDO FL 32819

(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 BUSINESS ALLOWED IN THE UNITED STATES OF
AMERICA AND THE STATE OF FLORIDA

REQUIRED SIGNATURE:

Felipe Gutiérrez

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.

RICARDO FELIPE GUTIERREZ

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

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Initials: 0
Signature originator: Deslree Torres (sicont@live.com)
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Signers

Signer:	Felipe Gutierrez fggutierrez1007@gmail.com	Signature Felipe Guti�rrez <i>Felipe Guti�rrez</i>
IP address:	186.103.194.118	
Signer id:	DDLFC6XG	
Timestamp:	Sent - 26/05/2021 06:36 PM Opened - 26/05/2021 08:50 PM Signed - 26/05/2021 08:53 PM	

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