

# L21000335303

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

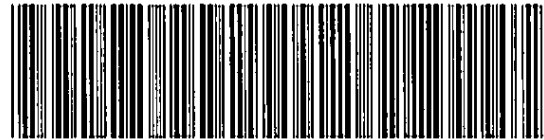
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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Office Use Only



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*(Signature)*  
7/23/21

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2021 JUL 21 AM 3:19  
SECRETARY OF STATE  
TALLAHASSEE, FL

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: SIC FITNESS 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:

Michael J. Bozum, Esq.  
Name of Person

Michael J. Bozum, PLLC  
Firm/Company

4830 W. Kennedy Blvd. Suite 600  
Address

Tampa, Florida 33609  
City/State and Zip Code

michaelybozum@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael J. Bozum at ( 727 ) 777-2728  
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

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2021 JUL 21 AM 3  
SECRETARY OF STATE  
TALLAHASSEE, FL

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## I. ARTICLE I – Name:

The name of the Limited Liability Company is:

SIC FITNESS, LLC

## II. ARTICLE II – Address:

The Mailing Address of the Limited Liability Company is:

PO BOX 4476  
TAMPA, FLORIDA 33677

The Principal Office Address of the Limited Liability Company is:

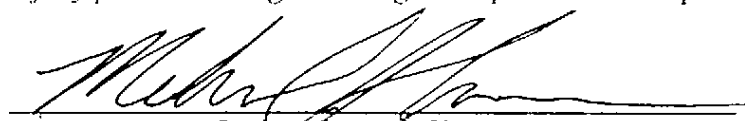
4830 W. KENNEDY BLVD. SUITE 600  
TAMPA, FLORIDA 33609

## III. ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

The Name and Florida street address for the Registered Agent are:

MICHAEL J. ROZUM, ESQ.  
MICHAEL J. ROZUM, PLLC  
4830 W. KENNEDY BLVD. SUITE 600  
TAMPA, FLORIDA 33609

*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 provide in Chapter 608, F.S.*

  
\_\_\_\_\_  
Registered Agent's Signature

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TALLAHASSEE, FL

IV. ARTICLE IV – Managing Members:

Title:

AMBR

Name and Address:

ROBERT V. SICLARI  
P.O. BOX 4476  
TAMPA, FLORIDA 33677

V. ARTICLE V – Effective Date:

Effective Date: DATE OF FILING

VI. ARTICLE VI: Other Provisions:

N/A

REQUIRED SIGNATURE:



\_\_\_\_\_  
Signature of a member or an authorized representative of a member

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Robert Siclari

\_\_\_\_\_  
Print name of signee

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