

**L23000100799**

Florida Department of State  
Division of Corporations  
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**To:**

Division of Corporations  
Fax Number : (850)617-6381

**From:**

Account Name : ALEXANDER ALMONTE, ESQ/1 INCORPORATE LTD.  
Account Number : I20070000019  
Phone : (518)689-1212  
Fax Number : (518)432-0742

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
S.A.J. CONSULTING ENTERPRISE LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 1        |
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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***Articles of Organization***  
*for*  
***Florida Limited Liability Company***

ARTICLE I NAME

The name of the Limited Liability Company is: **S.A.J. CONSULTING ENTERPRISE LLC**

ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address: **2613 DIANJO DRIVE, ORLANDO, FL 32810**

Mailing Address: **2613 DIANJO DRIVE, ORLANDO, FL 32810**

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the registered agent are:

**LETICIA VAZQUEZ, 2613 DIANJO DRIVE, ORLANDO, FL 32810**

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..

/s/ LETICIA VAZQUEZ

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

(CONTINUED)

ARTICLE IV AUTHORIZED REPRESENTATIVE / MANAGER

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

**LETICIA VAZQUEZ, Authorized Member, 2613 DIANJO DRIVE, ORLANDO, FL 32810**

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.

/s/ LETICIA VAZQUEZ

\_\_\_\_\_  
Authorized Member