

L23000448346

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

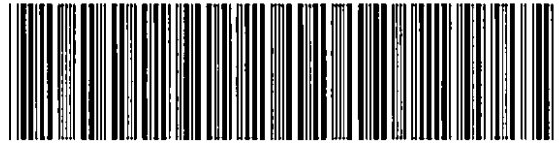
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300416136363

S. CHATHAM  
SEP 28 2023

2023 SEP 28 PM 5:08

RECEIVED  
2023 SEP 25 PM 3:34  
DIRECTOR OF  
FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

Please remove payment from account I20210000160: \$130.00\_

Authorization Signature: 

Sigma Capital LLC  
BUSINESS

#DOC

     Certified copy of Articles of Organization

  X   Certificate of Status

**NEW FILINGS**

     Profit Corp  
     Not for Profit  
     Officer/Director  
  X   Limited Liability  
     Domestication  
     Other  
     **CORP**  
     **LLLP**

**AMENDMENTS**

     Amendment  
     Resignation of R.A.  
     Articles of Dissolution  
     Change of Registered Agent  
     Revocation of Dissolution  
     Merger  
     **Conversion**  
     **Amended and restated Articles**  
     Statement of Correction

**OTHER FILINGS**

     Annual Report  
     Fictitious Name  
     APOSTILLE:

**REGISTRATION/QUALIFICATIONS**

     Foreign filing  
     Limited Partnership  
     Reinstatement  
     OTHER

EXAMINER'S INITIALS: \_\_\_\_\_



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 26, 2023

FLORIDA CAPITAL COURIER SERVICES, INC

SUBJECT: SIGMA CAPITAL LLC  
Ref. Number: W23000131294

We have received your document for SIGMA CAPITAL LLC. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P22000019003.

If you have any further questions concerning your document, please call (850) 245-6052.

KAIN COSTELLO  
Regulatory Specialist II  
New Filing Section

Letter Number: 623A00022243

RECEIVED  
2023 SEP 28 PM 2:12  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUMMARE, LLC**

**SUBJECT:** \_\_\_\_\_  
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:

**ENRIQUE SIERRA**

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

**19387 SW 79 PLACE**

\_\_\_\_\_  
Address

**CUTLER BAY, FL 33157**

\_\_\_\_\_  
City/State and Zip Code

**ESIERRA@NADEVCO.COM**

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

For further information concerning this matter, please call:

**ENRIQUE SIERRA**      **305**      **979-3917**  
\_\_\_\_\_  
Name of Person      Area Code      Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SUMMARE, 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:

19387 SW 79 PLACE

CUTLER BAY, FL 33157

19387 SW 79 PLACE

CUTLER BAY, FL 33157

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:

ENRIQUE SIERRA

Name

19387 SW 79 PLACE

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

CUTLER BAY

FL

33157

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)

277-531-28 PM 5:09

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

ENRIQUE SIERRA

19387 SW 79 PLACE

CUTLER BAY, FL 33157

2009 SEP 28 PM 5:08

(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.

**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.

ENRIQUE SIERRA

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)