Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

Eron:

Account Name : SICONT ENTERPRISES OF AMERICA INC

Account Number : I20160000041 Phone : (407)443-8973 Fax Number : (407)930-2625

**Enter the email address for this business entity to be used for future

annual report mailings. Enter only one email address please.**

Email Accress:_

Foreign Limited Liability Company OG FREEDOM INVESTMENTS LLC

Certificate of Status	U
Certified Copy	1
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COVER LETTER

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		PESTMENTS USA LLC				
SORTECT:		Name of I	Limited Liability C	ompany		
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Please return; all	correspondence c	oncerning this matter to the	following: 35			
	DESIRENTOR	RES				
		N:	ime of Person			
	SICONT ENTE	ERPRISES OF AMERICA I				
	Firm/Company					
	13574 VILLAGE PARK DR STE 250					
			Address			
	ORLANDO FI	. 32837				
		City/S	tate and Zip Code			
	SICONT@LIVE	.COM				
		E-mail address: (to be use:	for future annual	report no:	itication)	
For further infor	mation concernin	g this matter, please call:				
DESIR	EE TORRES		407	443-89	73	
	Name c	of Contact Person	Area Code	Da,	time Telephone Number	
Divisio Registo P.O. Bo	inG ADDRESS: n of Corporations ation Section px 6327 ssec, FL 32314		. ****	Division Registrat Clifton B 2661 Exc	CADDRESS: of Corporations ion Section wilding reutive Center Circle see, FL 32301	
	eck for the follow 5.00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	■ \$155.00 Filin Certified Copy		☐ \$160.00 Filing Fee, Certificat of Status & Certified Copy	e

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A POREIGN TIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: OG FREEDOM INVESTMENTS, LLC (Name of Foreign Limited Liability Company, must include "Limited Lability Company," "L.L.C.," or "LLC.") (if name unwaitable, enter alternate name adopted for the purpose of immarring business in Florida. The alternate name must include "Limited Liability Company," "LL.C." or "LLC.") 2 NEVADA 47-1734403 (Jurisdiction under the law of which foreign limited liability company is organized) (FRI number, if applicable) (Date first transacted business in Florids, if prior to registration.) (See sections 605,6904 & 605,0905, F.S. to determine penalty liability) 5. 13538 VILLAGE PARK DR STE 205 6. 13538 VILLAGE PARK DR STE 205 (Stree, Address of Principal Office) (Mailie y Address) ORLANDO, FL 32837 ORLANDO, FL 32837 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) ADAN ORDONEZ Name: 13538 VILLAGE PARK DR STE 205 Office Address: ORLANDO Registered agent's acceptance: 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 application. 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. (Registered agent's depoture) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Name and Address: Name and Address: Title or Capacity: Title or Capacity: MAIRELYS ORDONEZ MGR ADAN ORDONEZ MGR 13538 Village Park Dr Ste 205 13538 Village Park Dr stc205 <u> Orlando, Fl. 32837</u> Orlando, FL 3283 (Use attachments if necessary) 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 0. This document is executed in accordance with section 605,0203 (1) (b), Florida Statutes, I am aware that any false information ubmitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

ire of an authorized person





CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business mists pursuant to Title 7 of the Nevada Revised Stanutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1975 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, OG FREEDOM INVESTMENTS, LLC, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since July 26, 2014, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office or, July 25, 2017.

Barbara K. Cegarste Barbara K. Cegavske Secretary of State

Electronic Certificate Certificate Number: C20170725-0256 You may verify this electronic certificate

online at http://www.nvsos.gov/

850-617-6381

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August 30, 2017

FLORIDA DEPARTMENT OF STATE

SICONT ENTERPRISES OF AMERICA INC. Division of Corporations

SUBJECT: OG FREEDOM INVESTMENTS LLC

REF: W17000071261

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Pijeaux Regulatory Specialist FAX Aud. #: H17000233356 Letter Number: 317A00017887

P.O BOX 6327 - Tallahassee, Florida 32314