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Florida Department
Division of Corporations
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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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Email Address: sunbiz.sicont@hotmail.com

**FLORIDA PROFIT/NON PROFIT CORPORATION
LEFT SIDE INVESTMENT CORP**

Certificate of Status	0
Certified Copy	0
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Corporate Filing Menu

Help

(H19000314590 3)

(H19000314590 3)

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: LEFT SIDE INVESTMENT CORP

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: SICONT ENTERPRISES OF AMERICA INC

Name (Printed or typed)

13574 VILLAGE PARK DR STE 250

Address

ORLANDO FL 32837

City, State & Zip

407-443-8973

Daytime Telephone number

SUNBIZ.SICONT@HOTMAIL.COM

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

NOTE: Please provide the original and one copy of the articles.

(H19000314590 3)

(H19000314590 3)

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: LEFT SIDE INVESTMENT CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address14621 SW 11 CTPEMBROKE PINES FL 33027

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

THE COMPANY WILL ENGAGE IN ANY AND ALL LAWFUL BUSINESS ALLOWED IN THE UNITED STATESOF AMERICA AND THE STATE OF FLORIDA**ARTICLE IV SHARES**The number of shares of stock is: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: MILLER MILLAN, PRESIDENT, VP, S

Address

14621 SW 11 CTPEMBROKE PINES FL 33027

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

(H19000314590 3)

(H19000314590 3)

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: DESIREE TORRES
Address: 13574 VILLAGE PARK DR STE 250
ORLANDO FL 32837

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DESIREE TORRES
Address: 13574 VILLAGE PARK DR STE 250
ORLANDO FL 32837

ARTICLE VIII EFFECTIVE DATE:

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 days prior or 90 days after the 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.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

DESIREE TORRES 10/24/2019
Required Signature/Registered Agent Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

DESIREE TORRES 10/24/2019
Required Signature/Incorporator Date

(H19000314590 3)