

L250000063279

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

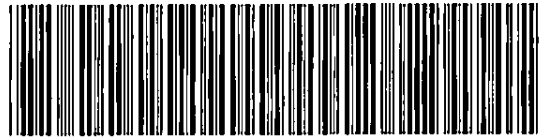
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2025 FEB 14 AM 9:47

DATE
FILE

2025 FEB 14 AM 10:28

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-54372
(850) 524-6243

Please use funds from the account I20210000160: \$.130.00

Authorization Signature Jan F. [Signature]

Surefiction Academy, LLC
Business #Document

Walk in

Will wait

 Certified Copies of Articles of Incorporation

 X Certificate of Status

NEW FILINGS

 Profit
 Not for Profit
 X LLC
 Domestication
 INC
 CORP
 OTHER

AMENDMENTS

 Amendment
 Resignation of R.A.
 Change of Registered Agent
 Revocation of Dissolution
 Conversion
 Statement of Authority
 Merger
 REVOCATION OF DISSOLUTION

OTHER FILINGS

 TRANSMITTAL LETTER
 Fictitious Name
 Statement of Authority
 APOSTIL
 COUNTRY

REGISTRATION/QUALIFICATIONS

 Foreign Filing
 Partnership
 Reinstatement
 Statement of CORRECTION
 Domestication of a Foreign Corp.
 Other

EXAMINER'S INITIALS:

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FL

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-54372
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Please use funds from the account 120210000160: \$.130.00

Authorization Signature Jan Felt

Sure Fiction Academy LLC

Business

#Document

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EXAMINER'S INITIALS:

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COVER LETTER

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

SUBJECT: SUREFICTION ACADEMY, 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:

PARAGON INTERNATIONAL TRANSACTIONS LLC

Name of Person

PARAGON INTERNATIONAL TRANSACTIONS LLC

Firm/Company

13814 SIGLER STREET

Address

RIVERVIEW FL 33579

City/State and Zip Code

PARAGONTRANSACTIONS@GMAIL.COM

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

For further information concerning this matter, please call:

JASON GUILD

202 643 6876

at (_____) _____

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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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SUREFICTION ACADEMY, 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:

243 LANCER OAK DRIVE
APOPKA, FLORIDA, 32712

Mailing Address:

243 LANCER OAK DRIVE
APOPKA, FLORIDA, 32712

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:

PARAGON INTERNATIONAL TRANSACTIONS LLC
Name

13814 SIGLER STREET
Florida street address (P.O. Box **NOT** acceptable)

RIVERVIEW FL 33579
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..

Jason Guild

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

CARLYLE HUDSON
243 LANCER OAK DRIVE
APOPKA, FLORIDA, 32712

MGR

CELESTE MOHAMMED
UNIT 35, SANTA LUCIA VILLAS
SEMPER GARDENS, DIEGO MARTIN, TRINIDAD

(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:

Celeste Mohammed

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.

CELESTE MOHAMMED

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)

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