L19000051188

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SYNFLEXION LLC
(CORPORATE NAME AND DOCUMENT #)

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(CORPORATE NAME AND DOCUMENT #)

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(CORPORATE NAME AND DOCUMENT #)

PECIAL INSTRUCTIONS: _____

Articles of Organization
For
Synflexion LLC

Florida Limited Liability Company

ARTICLE I - Name:

The name of the Limited Liability Company is Synflexion LLC

ARTICLE II - Address:

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

209 Topanga Dr
Bonita Springs, FL 34134-8545

ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

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

Legaline Corporate Services Inc.
5237 Summerlin Commons
Suite 400
Fort Myers, FL 33907

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.

Dana Case

Dana Case, Manager

ARTICLE IV - Management:

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

David Trimm
209 Topanga Dr
Bonita Springs, FL 34134-8545

Tracy Trimm
209 Topanga Dr
Bonita Springs, FL 34134-8545

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Carri Brown, Organizer