

7/7/2020

To: 17184082550 Fax: 18506176381
Division of Corporations
Florida Department of State

Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : USACORP INC.
Account Number : I2013000019
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: JHUZAR30@AOL.COM

**FLORIDA LIMITED LIABILITY CO.
SYM Partners LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

2020 JUL -7 PM 3:58

LSK
7/8/2020

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SYM Partners LLC

(Must end with 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:

9355 Eden Roc Ct .
Delray Beach, FL 33446

Mailing Address:

9355 Eden Roc Ct .
Delray Beach, FL 33446

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:

Jonathan Huzarsky
Name

9355 Eden Roc Ct .
Florida street address (P.O. Box **NOT** acceptable)

Delray Beach FL 33446
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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

/S/ Jonathan Huzarsky
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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DEPARTMENT OF REVENUE

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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

AMBR

Name and Address:

Jonathan Huzarsky

9355 Eden Roc Ct .

Delray Beach, Fl 33446

AMBR

Ian James Poulter

9022 Mavfair Point Drive

Orlando, Fl 32827

(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.

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DEPARTMENT OF STATE

REQUIRED SIGNATURE:

/s/ Jonathan Huzarsky

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.

Jonathan Huzarsky

Typed or printed name of signer

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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