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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

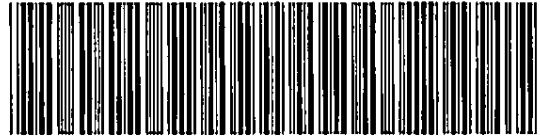
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/06/21--01029--010 **160.00

21:00:07

Synergy Consulting Solutions LLC

42059 Barrymoore Place, Chantilly VA 20152 | 321-961-9172 | synergyconsultingsolutionsllc@gmail.com

30 July 2021

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

Dear New Filing Section:

Please accept this formal written request to form a Florida Limited Liability Company pursuant to Chapter 605, Florida Statutes named: Synergy Consulting Solutions LLC

Attached, you will find the Florida Articles of Organization and a check to cover the filing fee, certificate of status, and certified copy.

I am available for any additional information at (321) 961-9172 or (813) 420-6275 or via e-mail at synergyconsultingsolutionsllc@gmail.com.

Sincerely,



Juan De Alba Ascencio

2 Attachments:

1. Filing fee check
2. Florida Articles of Organization

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Synergy Consulting Solutions 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:

Juan De Alba Ascencio

Name of Person

Synergy Consulting Solutions LLC

Firm/Company

42059 Barrymoore Place

Address

Chantilly VA 20152

City/State and Zip Code

Synergyconsultingsolutionsllc@gmail.com

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

For further information concerning this matter, please call:

Juan De Alba Ascencio at (321) 961-9172
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Synergy Consulting Solutions LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "L.C.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

Synergy Consulting Solutions LLC
42059 Barrymoore Place
Chantilly VA 20152

Synergy Consulting Solutions LLC
42059 Barrymoore Place
Chantilly VA 20152

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:

Linda M. Stokling

Name

4725 25th Avenue South

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

St. Petersburg FL 33711

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.

Linda M. Stokling

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

Juan De Alba Ascencio
42059 Barrymoore Place
Chantilly VA 20152

MGR

Tenisha De Alba Ascencio
42059 Barrymoore Place
Chantilly VA 20152

AMBR

LINDA STOKLING
4725 25th Avenue South
St. Petersburg FL 33711

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 1 AUGUST 2021 (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:



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.

Juan De Alba Ascencio

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent