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UCT 20 2015 J. HARRIS

COVER LETTER

TO: Registration Section Division of Corpora	tions		
SYNERGY SE SUBJECT:	RVICES, INC		
	Name of corporation	- must include suffix	
Dear Sir or Madam:			
The enclosed "Application be "Certificate of Existence," of above referenced foreign contains the contains th	r "Certificate of Good Star	nding" and check are sub	
Please return all corresponde Donna Kelley	ence concerning this matter	to the following:	
	Name of	Person	
Synergy Services, Inc			
PO Box 5033	Firm/Con	pany	
Greenville, SC 29606	Addr	ess	
dkelley@pinnaclestaffing.com	City/State a	nd Zip code	
E	-mail address: (to be used	for future annual report	notification)
For further information conc	erning this matter, please of	call:	
Donna Kelley	864	297-4212	
Name of Person	at (Area Cod	e Daytime Telep	hone Number
STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions ter Circle	MAILING A Registration S Division of Co P.O. Box 632' Tallahassee, F	ection orporations 7
Enclosed is a check for the f	ollowing amount:		
□ \$70.00 Filing Fee □	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

Synergy Services, Inc

1.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"

"Inc.," "Corp," "Inc," "Co," or "Corp.")

Synergy Service	es of South Carolina, Inc		
(If name unavai South Carolina 2.		7-0936629	rida)
(State or count 06/17/1991		(FEI number, if applicable)	· · · · · · · · · · · · · · · · · · ·
4. (Dat	e of incorporation)	(Date of duration, if other than perpetual)	·
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502) Preenville SC 29607		
7.	Freenville SC 29607	office address)	<u>_</u>
7.	reenville SC 29606 (Principal		***************************************
PO Box 5033 Gr	reenville SC 29606 (Principal	office address) address, if different) Box NOT acceptable)	
PO Box 5033 Grant Street Name:	reenville SC 29607 (Principal Current mailing et address of Florida registered agent: (P.O.	office address) address, if different) Box NOT acceptable)	ger ger
PO Box 5033 Gr	reenville SC 29607 (Principal Current mailing et address of Florida registered agent: (P.O. CT Corporation Systems	office address) address, if different) Box NOT acceptable)	150 P

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Angel Nunez

Assistant Secretary

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Lucille Hendley Chairman: 127 Tanner Rd Address: Greenville SC 29607 Vice Chairman: _ Address: Marshall Cole Director: 127 Tanner Rd Address: Greenville SC 29607 Director: _ Address: **B. OFFICERS** Ryan Hendley President: 127 Tanner Rd Address: Greenville SC 29607 Vice President: __ Address: Matt Nesbett Secretary: 127 Tanner Rd Greenville SC 29607 Address: Matt Nesbett Treasurer: 127 Tanner Rd Greenville SC 29607 Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

(Typed or printed name and capacity of person signing application)

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

SYNERGY SERVICES, INC.,

a corporation duly organized under the laws of the State of South Carolina on June 17th, 1991, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the corporation that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-14-210, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 1st day of October, 2015.

Mark Hammond Secretary of State