

F15000004658

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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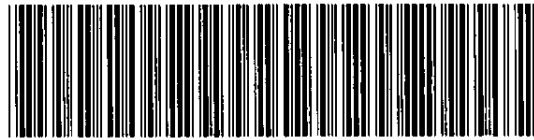
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 22 2015

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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 10/21/15

NAME: SYNERGY WAREHOUSING AND DISTRIBUTION CORPORATION

TYPE OF FILING: APPLICATION

COST: 87.50

RETURN: CERTIFIED COPY AND GOOD STANDING PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



**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 WAREHOUSING AND DISTRIBUTION CORPORATION

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. CALIFORNIA 3. 47-4835528

(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. AUGUST 14, 2015 5. _____

(Date of incorporation) (Date of duration, if other than perpetual)

6. _____

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2030 E 4TH STREET, SUITE 229B, SANTA ANA, CA 92780

(Principal office address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: IVAN MORAN

Office Address: 8305 NW 27TH STREET
DORAL, Florida 33126
(City) (Zip code)

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.



(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.

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11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: EMILIANO DE GREGORIS

Address: 2030 E 4TH STREET, SUITE 229B, SANTA ANA, CA 92780

Vice Chairman:

Address:

Director: IVAN MORAN

Address: 8305 NW 27TH STREET, DORAL, FL 33126

Director:

Address:

B. OFFICERS

President: EMILIANO DE GREGORIS

Address: 2030 E 4TH STREET, SUITE 229B, SANTA ANA, CA 92780

Vice President: IVAN MORAN

Address: 8305 NW 27TH STREET, DORAL, FL 33126

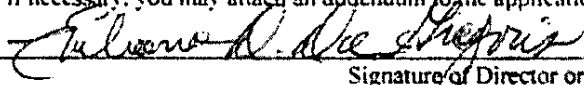
Secretary: EMILIANO DE GREGORIS

Address: 2030 E 4TH STREET, SUITE 229B, SANTA ANA, CA 92780

Treasurer: EMILIANO DE GREGORIS

Address: 2030 E 4TH STREET, SUITE 229B, SANTA ANA, CA 92780

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. 
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.

13. EMILIANO DE GREGORIS, PRESIDENT

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

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TALLAHASSEE, FLORIDA

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

SYNERGY WAREHOUSING AND DISTRIBUTION CORPORATION

FILE NUMBER: C3815620
FORMATION DATE: 08/14/2015
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

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TALLAHASSEE, FLORIDA

I, ALEX PADILLA, Secretary of State of the State of California hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of October 15, 2015.

ALEX PADILLA
Secretary of State