

F20000001315

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

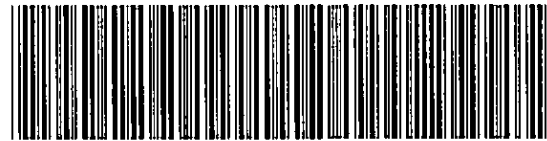
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W20000001973

Office Use Only



100339865391

02/12/20--01006--018 +\$07.50

FILED
2020 MAR -9 PM 4:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5

✓



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 24, 2020

CHRIS HUMMEL
8222 INDY LANE
INDIANAPOLIS, IN 46214

SUBJECT: SYNERGY TELCOM INC.
Ref. Number: W20000019713

We have received your document for SYNERGY TELCOM INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yvette Scott
Document Specialist II

Letter Number: 720A00004079

RECEIVED

MAR 09 2020

**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.*

1. Synergy Telcom Inc
(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. Indiana 3. 35-2107051
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 4-27-2000 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. 8222 Indy Lane Indianapolis, IN 46214
(Principal office address)

Same
(Current mailing address, if different)

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

Name: Registered Agents Inc.

Office Address: 7901 4th St N STE 300

St. Petersburg , Florida 33702
(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 Agents Inc.

Bill Havre - 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.

FILED
2020 MAR -9 PM 4:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Andy Homan

Address: 8222 Indy Lane Indianapolis, IN 46214

Vice President: _____

Address: _____

Secretary: Les Walker

Address: 8222 Indy Lane Indianapolis, IN 46214

Treasurer: Chris Hummel

Address: 8222 Indy Lane Indianapolis, IN 46214

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

12. Christopher A. Hummel
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. Christopher A. Hummel Treasurer
(Typed or printed name and capacity of person signing application)

FILED
2020 MAR -9 PM 4:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Illinois in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Synergy Telcom Inc.
2. The principal office address: 8222 Indy Lane Indianapolis, IN 46214
3. The mailing address (if different): _____
4. Date of incorporation/qualification: _____ Document number: _____
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Registered Agents Inc.

7901 4th St N STE 300

P.O. Box. NOT acceptable

St. Petersburg FL 33702

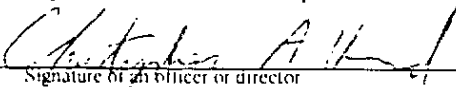
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2020 MAR -9 PM 4:32

FILED

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

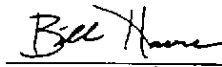
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Christopher A. Hummel

Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

2-5-2020

Date

If signing on behalf of an entity:

Bill Havre

Typed or Printed Name

* * * FILING FEE: \$35.00 * * *

State of Indiana
Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

SYNERGY TELCOM, INC.

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on April 27, 2000, and was in existence or authorized to transact business in the State of Indiana on February 05, 2020.

I further certify this Domestic For-Profit Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, February 05, 2020

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

2000042700248 / 20201294199

All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>

Expires on March 06, 2020.

FILED
2020 MAR 9 PM 4:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA