

LR2000 001316

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

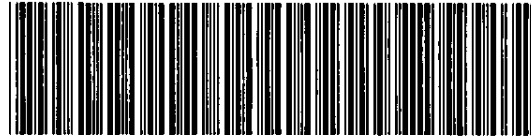
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE
ALBANY, GEORGIA

2014 AUG 22 AM 10:32

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AUG 25 2014
D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Synergy Healthcare Services, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Louise T. Jeroslow

Name of Person

Law Offices of Louise T. Jeroslow

Firm/Company

6075 Sunset Drive, Suite 201

Address

South Miami, FL 33143

City/State and Zip Code

jeroslow@bellsouth.net

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

For further information concerning this matter, please call:

Louise T. Jeroslow

Name of Person

305

Area Code

740-7431

Daytime Telephone Number

STATE TALLAHASSEE FLORIDA

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STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

FIRST: The name of the limited liability company is: Synergy Healthcare Services, LLC

SECOND: The Florida Document Number of the limited liability company is: L02000001316

THIRD: The street address of the limited liability company's principal office is:
1835 N.E. MIAMI GARDENS DRIVE #167
NORTH MIAMI BEACH, FL 33179

The mailing address of the limited liability company's principal office is:
1835 N.E. MIAMI GARDENS DRIVE #167
NORTH MIAMI BEACH, FL 33179

FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status or position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific person on the following:

1. May execute an instrument transferring real property held in the name of the company.

a. Granted to: Deborah D. Fannin and Maria Elva Gonzalez

b. No authority granted to: none

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company

a. Granted to: Deborah D. Fannin and Maria Elva Gonzalez

b. No authority granted to: none

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Signature]
Signature of authorized representative

Louise T. Jeroslow
Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)