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Florida Department of State
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To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002333
Phone : (305)599-0839
Fax Number : (305)716-0346

**LIMITED LIABILITY COMPANY
SYNERGIE GROUP REALTY, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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TALLAHASSEE, FLORIDA
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JB
7-23-03

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SYNERGIE GROUP REACTY. LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:
1717 N. BAYSHORE DR., #2931, MIAMI, FLA 33132

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

MATHIEU ROCHELLE
Name

1717 N. BAYSHORE DR. #2931
Florida street address (P.O. Box NOT acceptable)

MIAMI FLA 33132
City, State, and 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 608, F.S.

[Signature]
Registered Agent's Signature

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Article IV. - Management (Check box if applicable.)

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)


Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

MATHIEU ROCHEFFE
Typed or printed name of signer

APPROVE
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA