L0300031545								
LUSUUJJSYS			 	200		21	_	1 m
		L		うび	$\boldsymbol{U}.$	3/3	74	5

(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:

800022168798

08/20/03-01030-004 **130.00



Office Use Only

J. BHYAN AUG 2 2 2008

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations

SUBJECT:

Ĵ,

Omar Lloyd

(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Omar Lloyd

(Name of Person)

Synergy Funding L.L.C

(Firm/Company)

P.O. Box 25615

(Address)

Tamarac, FI 33320

(City/State and Zip Code)

For further information concerning this matter, please call:

Omar Lloyd

(Name of Person)

954) 532-8113

at (

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

MAILING ADDRESS:

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



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

Í

The name of the Limited Liability Company is: Synergy Funding L.L.C

\$

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

9540 Bradshaw Lane Tamarac, FI 33321

P.O. Box 25615 Tamarac, Fl 33320

ARTICLE III - R	tegistered Agent, Reg	istered Office, & Register	ed Agent's Signat	C B T
The name and the	Florida street address (of the registered agent are:		N 6 F
	Om	ar Lloyd	ta a at ing	12 20
		Name	, _	The I
	9540 Bra	adshaw Lane		ST N
	Florida street addr	ress (P.O. Box NOT acceptable)		475
	Tamarac,	FL 33320	· · ·	•
	C14-	Shaka and The		

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.

Registered Agent's Signature

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

ī

, **H**

de.

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>		Name and Address:
"MGR" = Manager "MGRM" = Managing Memb	ber	
MGR		Omar Lloyd
		P.O. Box 25615
		Tamarac, FI 33320
		مې <u>نې مېنې</u> د. مېنې <u>مېنې</u> د د د د مېنې مېنې د د د د د مېنې د د د د د د د د د د د د د د د د د د
MGRM		Omar Lloyd
		P.O. Box 25615
		P.O. Box 25615 Tamarac, Fl 33320

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

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 penaltics of perjury that the facts stated herein are true.)

Omar Lloyd

Typed or printed name of signce

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

Page 2 of 2