

L04000032295

(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:

Name
Availability

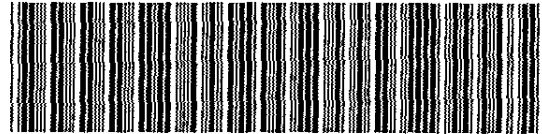
Document
Examiner DCC

Updater Office Use Only

Updater
Verifier DCC

o op tedgement DCC

erifyer UCC



000032451310

04/21/04--01042--003 **125.00

FILED

2004 APR 21 P 3:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

ATX1

TO: Registration Section
Division of Corporations

SUBJECT: Synergy Network Technologies, LLC
(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:

Jeremy Sibert
(Name of Person)

Synergy Network Technologies, LLC
(Firm/Company)

3371 Shorncliffe Lane
(Address)

Palm Harbor/FL 34684
(City/State and Zip Code)

For further information concerning this matter, please call:

Jeremy Sibert at 727-224-5429
(Name of Person) (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

2004 APR 21 P 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

**ARTICLES OF ORGANIZATION
FOR
FOR FLORIDA LIMITED LIABILITY COMPANY**

ATX1

ARTICLE I - Name:

The name of the Limited Liability Company is:

Synergy Network Technologies, LLC

ARTICLE II - Address:

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

Principal Office Address:

Synergy Network Technologies, LLC

3371 Shorncliffe Lane

Palm Harbor/FL 34684

Mailing Address:

Synergy Network Technologies, LLC

3371 Shorncliffe Lane

Palm Harbor/FL 34684

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

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

Jeremy Sibert

Name

3371 Shorncliffe Lane

Florida street address (P.O. Box **NOT** acceptable)

Palm Harbor

FLORIDA 34684

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, Florida Statutes..


Registered Agent's Signature

FILED
2004 APR 10 3:35
TALLAHASSEE
SECRETARY OF STATE
FLORIDA

Synergy Network Technologies, LLC

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

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

ATX1

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Barbara Sibert

3371 Shorncliffe Lane

Palm Harbor, FL 34684

(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 penalties of perjury that the facts stated herein are true.)

Jeremy Sibert

Typed or printed name of signee

2004 APR 21 P 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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)