Page 1 of 1 Division of Corporations Electronic Filing Cover Sheet Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown

(((H050000831773)))

below) on the top and bottom of all pages of the document.

Note: DO NOT hit the REFRESII/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)205-0383

Account Name : BROAD AND CASSEL (BOCA RATON)
Occount Number : 076376001555

Hhone Hax Number

: (561)483-7000

. : (561)218-8960

# LIMITED LIABILITY COMPANY

SYNERGY III, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing

Public Access Help

Fax Audit Number: H05000083177 3

#### ARTICLES OF ORGANIZATION

### OF

# SYNERGY III, LLC

The undersigned does hereby subscribe to, acknowledge and file the following Articles of Organization for the purpose of creating a limited liability company under the laws of the State of Florida.

### ARTICLE I

The name of this limited liability company shall be: SYNERGY III, LLC.

### ARTICLE II

The mailing address and street address of the principal office of the limited liability company shall be 8800 Grand Oak Circle, Suite 400, Tampa, Florida 33637, with the privilege of having its offices and branch offices at other places within or without the State of Florida.

### ARTICLE III

The initial registered office of this limited liability company is 7777 Glades Road, Suite 300, Boca Raton, Florida 33434. The initial registered agent at that address is David J. Powers, P.A.

#### ARTICLE IV

This limited liability company shall commence its existence as of April 5,2005 and shall exist perpetually thereafter unless sooner dissolved.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization this 5<sup>th</sup> day of April, 2005.

David J. Powers, Authorized

Representative of Member

Fax Audit Number: **K05000083177 3** 

EFFECTIVE DATE

H05000083177 3 Fax Audit No.

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 608.415, Florida Statutes, the limited liability company referenced below submits the following statement in designating the registered office/registered agent, in the State of Florida.

FIRST — The name of the limited liability company is Synergy III, LLC.

SECOND -- The name and address of the registered agent and office is:

David J. Powers, P.A. 7777 Glades Road Suite 300 Boca Raton, Florida 33434

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,

Dated this 5th day of April, 2005.

David J. Powers, P.A., a Florida professional association, its Registered Agent

President

Fax Audit Number: H05000083177 3