Florida Department of State

Division of Corporations Public Access System

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From: Todd V Mac

Division of Carpor

Division of Corporations Fax Number

: (850)205-0383

Account Name : TVMLAW

Account Number : I20050000002 : (813)849~0065 Fax Number : (813)830~7444

LIMITED LIABILITY COMPANY

Synergy Team, LLC

Certificate of Status	्री अनुस्थितम् इत्यासम्बद्धाः स्थानम्
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ARTICLES OF ORGANIZATION FOR FLORIDA

	TIMITED TIARITITA COMPANA
	ed Liability Company is; Team, I.L.C.
Company is:	nd street address of the principal office of the limited liability lighview Terrace N.
Brar	don, Florida 33510
	ed Agent, Registered Office and Registered Agent's Signature: rida street address of the registered agent are:
Willian	E. Robey
1953	1 Boyette Road
Lithi	ı, Florida 33547
stated limited liability the appointment as re	s registered agent and to accept service of process for the abo company at the place designated in this certificate. I hereby ac gistered agent and agree to act in this capacity. I further agree

νe ccept e 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

ARTICLE IV - Management

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

Signature of a member or an authorized representative

(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.)