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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Synchronicity Edge 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:
Becker Sharon (Name of Person)
Synchronicity Edg, LLC (Fine/Company)
5000 Tamiami Trail N #118 (Address)
Naples Florida 34108 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (239 430 - 700 / (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
S125.00 Filing Fee Status S130.00 Filing Fee & Certificate of Status Status Certified Copy (additional copy is enclosed) S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Contract Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Contract Address Registration Section Division of Corporations Clifton Building Tallahassee, FL 32301

single-member LC

ARTICLES OF ORGANIZATION FOR FLORIDA, LIMITED LIABILITY COMPANY

ARTICLE I - Name	:		
The name of the Lim	ited Liability Company is:		
(Must end with the words 1)	Chronicity Company, "Limited Liability Company, "Limited	Edge LLC ad Company" or their abbreviation "LL	C," or "L.C")
ARTICLE II - Addr	ess:		
		incipal office of the Limited I	Liability Company is:
,		P	
Principal Office Add	<u>iress:</u>	Mailing Address:	
ARTICLE III - Regi	oany cannot serve as its own Regist	Office, & Registered Agentered Agent. You must designate an ind	t's Signatures ividual describer
The name and the Flo	orida street address of the re	egistered agent are:	33 I
	3 cott 5	haros aunch Cuille	Ph 智言
	Name	•	OF ES -
	460 1	aunch Culle	的語品
~	Florida street add	ress (P.O. Box NOT acceptable)	Þ
_	Naples	FL 34108	
	U City, State, a	nd 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 (REQUIRED)

(CONTINUED)
Page 1 of 2

<u>Title:</u> "MGR" = Mana "MGRM" = Ma	iger Inaging Member	Name and Address:	
Magan		Beaky Sharon - 460 Launch Cuck Naples, Fla. 3412	20 Ph=
			
fective date is li days after the d	date, if other than the sted, the date must be late of filing.)	date of filing: (e specific and cannot be more than five bu	OPTIONA
LE V: Effective fective date is li	date, if other than the sted, the date must be late of filing.) GNATURE: Signature of a member of this document consti	e specific and cannot be more than five but the specific and cannot	SECRETARY TALLAHASSEI
LE V: Effective fective date is li days after the d	date, if other than the sted, the date must be late of filing.) GNATURE: Signature of a member of this document constitute the facts stated here.	e specific and cannot be more than five but the specific and cannot	SECRETAR TALLAHASS