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(Requ	estor's Name)	
(Addre	ess)	
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(City/s	State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu s ir	ness Entity Nam	ne)
(Docu	ment Number)	
Certified Copies	Certificates	of Status
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O7 MAY 22 AM 8:51 SECRETARY OF STATE

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Will Pick Up

Walk-In

174 Ponder's Printing - Thomasville, SA 8/00

The Synongy Real Estate	ARCOLUNION TO THE PARTY OF THE
Circup Coc	E.F. CORDE
	Art of Inc. File LTD Partnership File Foreign Corp. File L.C. File Fictitious Name File
	Trade/Service Mark Merger File Art. of Amend. File RA Resignation Dissolution / Withdrawal
	Annual Report / Reinstatement Cert. Copy Photo Copy Certificate of Good Standing
	Certificate of Status Certificate of Fictitious Name Corp Record Search Officer Search Fictitious Search
Requested by 5 102	Fictitious Owner Search Vehicle Search Driving Record UCC 1 or 3 File
Name Date Time	UCC 11 Search

Courier_

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: THE SYNERGY REAL ESPATE GROUP, LLC ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

12908 PENN STATION GUET

540E 201

OLLAND, FL 32821

OLLAND, FL 32821

OLLAND, FL 32821

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

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

Capital Connection, Inc.

Name

417 E. Virginia Street

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

Tallahassee FL 32301

City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated li ited liability company at the place designated in this certificate, I hereby accept the appointment is 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.L.

Registered Agent's Signature

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Manager The name and address of each Manager	
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	KOVEN BOUDERAUX 12908 PERU SOMINUS COLUT #201 OPLANDO FO 32821
MGEM	Michele flessley 12908 PENN SMATHE COLET #201 OLLMON, FL 32821
(Use attachment if necessary)	
NOTE: An additional article must be	e added if an effective date is requested.
REQUIRED SIGNATURE:	Sucheans
Signature of a member of	or an authorized representative of a member.
(In accordance with section of this document constitute that the facts stated here	on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury ein are true.)
REVIN DO	d or printed name of signee
1yps:	n or bunnen fisme of filluse

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)