

LO7000077381

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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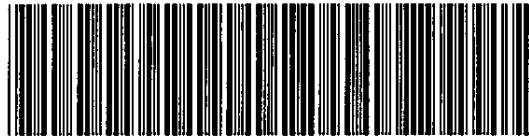
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

MERYL CONTE CLAYTON, P.A.
ATTORNEY AT LAW

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Admitted in Florida & New Jersey

New Jersey Office
266 Harristown Road, Suite 201
Glen Rock, New Jersey 07452

July 23, 2007

TO: Registration Section
Division of Corporations

SUBJECT: Synergistic Partnerships, LLC

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Meryl Conte Clayton, Esq.
Meryl Conte Clayton, P.A.
434 South Washington Blvd.
Sarasota, FL 34236

For further information concerning this matter, please call:

Meryl Conte Clayton, Esq. at (941) 955-5040

Enclosed is a check for the following amount: \$160.00 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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF ORGANIZATION
OF
SYNERGISTIC PARTNERSHIPS, LLC**

ARTICLE I - NAME

The name of the limited liability company is Synergistic Partnerships, LLC, ("company").

ARTICLE II - ADDRESS

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

Principal Office Address:

4522 Forest Wood Trail
Sarasota, Florida 34241

Mailing Address:

4522 Forest Wood Trail
Sarasota, Florida 34241

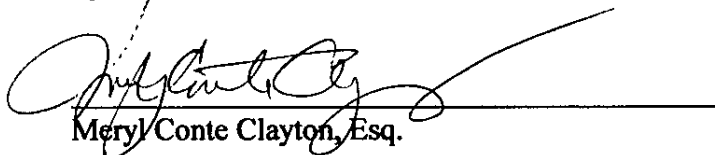
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**ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

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

Meryl Conte Clayton, Esq.
434 South Washington Blvd.
Sarasota, Florida 34236

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..


Meryl Conte Clayton, Esq.

ARTICLE IV - MANAGERS OR MANAGING MEMBERS

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

Title:

"MGR" = Manager

"MGMR" = Managing Member

Name and Address:

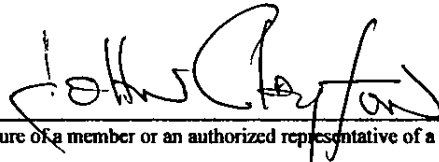
MGR

John F. Clayton
4522 Forest Wood Trail
Sarasota, Florida 34241

MGR

Marlene West-Clayton
4522 Forest Wood Trail
Sarasota, Florida 34241

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.)

John F. Clayton

Typed or printed name of signer

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