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	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
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09/13/07--01026--004 **155.00



FILED 07 SEP 19 PH 2: 12 SECRETARY OF STATE TALLAHASSEF. FLORIDA



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 18, 2007

LAZARUS

TALLAHASSEE, FL

SUBJECT: SYNERGY INVESTMENTS GROUP, LLC Ref. Number: W07000045318



We have received your document for SYNERGY INVESTMENTS GROUP, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$155.00 payment.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr Document Specialist

Letter Number: 907A00054954

LAZARUS CORPORATE FILING SERVICE	TALLAHASSEE THE THE
3320 SW 87 TH AVENUE	THE SALES
MIAMI, FL 33165 (305) 552-5973	the star
CORPORATION NAME(S) & DOCUMENT NUM 1. $SVNERGY GROUP IN$	Office Use Only BER(S), (if known):
(Corporation Name) / (I	Document #)
	Document #)
3(Corporation Name) (I	Document #)
4. (Corporation Name) (1 Walk in Pick up time <u>2.06</u> Mail out Will-wait - Photod	Cortified Copy
Image: Not for Profit Image: Resigned and the second sec	ndment gnation of R.A., Officer/Director age of Registered Agent plution/Withdrawal
Annual Report Fictitious Name Rein	ted Partnership statement emark
CR2E031(7/97)	Examiner's Initials

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is: SYNERGY GROUP INVESTMENTS, LLC

(Must and with the words *Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

- E

Princinal Office Address:	Mailing Address:
13/70 NW 107 AVE SUITE 2	2871 SW 143 PL
HIALEAH GARDENS, FI 33018	MIAMI, EL 33175

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business onlity with an active Florida registration.)

The name and the Florida street address of the registered agent are:	世話して
JUAN C. NOVO	
Name	The second
2871 SW 143 M.	前日まつ
Florida street address (P.O. Box <u>NOT</u> acceptable)	512
MIAMI EL 33175	RICE
City, State, and Zip	P

Having been named as registered agent and to accept service of process for the above stated limited ltability 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 ar registered agent as provided for in Chapter 608, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Memb	Name and Address:		
MGR	JUAN C. NOV 2871 SW 14.	10 <u>5 pl.</u> 33175	
MERM	DOMINGO JIM 13570 NW 10 HIMLEAH GARI	ENEZ D7 AVE SUITE 2 DENS/H 330/8	
			,
an a		* * * * * * * * * * * * * * * *	1

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _______, (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNA	TURE:
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Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), Florida Statules, the execution of this Jocument constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) UAW C, NOVO
Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Cortified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)