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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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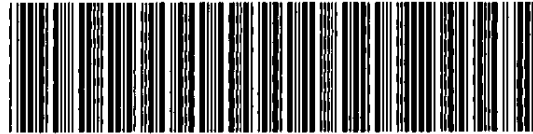
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. THOMAS

JUL 25 2008

EXAMINER



TUCKER ELLIS & WEST LLP

ATTORNEYS AT LAW

1150 Huntington Bldg. 925 Euclid Avenue Cleveland, Ohio 44115-1414
phone 216.592.5000 facsimile 216.592.5009 tuckerellis.com

CLEVELAND COLUMBUS LOS ANGELES SAN FRANCISCO

Direct Dial: 216.696.5014
Email: shelly.burch@tuckerellis.com

July 23, 2008

VIA FEDERAL EXPRESS

Florida Secretary of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32314

FILED
03 JUL 24 AM 10:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: Initial Articles of Organization for registration of Synthesis Investments LLC

Dear Sir or Madam:

Enclosed for filing is the Initial Articles of Organization for registration of Synthesis Investments LLC together with Check No. 4300 in the amount of \$125.00 for the cost of filing.

Please acknowledge receipt of this package by date-stamping the enclosed copy and return it to my attention in the enclosed pre-paid envelope.

If this filing cannot be approved, please contact me at the number listed above.

Sincerely,

Shelley L. Burch
Paralegal

SLB
Enclosures

cc: Brian FitzSimons

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Synthesis Investments 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:

Shelley L Burch

(Name of Person)

Tucker Ellis & West LLP

(Firm/Company)

1150 Huntington Bldg., 925 Euclid Ave.

(Address)

Cleveland, Ohio 44115

(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Shelley L Burch at (216) 696-5014
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$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 FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Synthesis Investments LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

2720 Eleanor Way
Wellington, FL 33414

Mailing Address:

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 entity with an active Florida registration.)

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

Ravi Madala

Name

2720 Eleanor Way

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

Wellington FL 33414

City, State, and 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)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Ravi Madala

2720 Eleanor Way

Wellington, FL 33414

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TALLAHASSEE, FLORIDA

(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 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.)

Ravi Madala

Typed or printed name of signee

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)