

(Requestor's Name)
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PICK-UP WAIT MAIL
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(Business Entity Name)
(a.s.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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Special Instructions to Filing Officers
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A. LUNT
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SEP 28 2009
EXAMINER
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2009 SEP 25 AM IO: 59
SECRETARY OF STATE
ALL AHASSEE, FLORID,

## **COVER LETTER**

SUBJECT:	Sı	nergy Riviera, LL	_C	
SCHOLET.	<del></del>	nited Liability Company		
The enclosed Article	es of Organization and fee(s) a	re submitted for filing.		
Please return all cor	respondence concerning this n	natter to the following:		
		Thomas Grandy		_
		Name of Person	,	
	. C/O	Synergy Riviera, LL0	С	
<del></del>		Firm/Company		_
	1.5	4 Kimball Avenue	SECRETARY ALLAHASSER	33
		Address		3
			ASS	)
		onkers, NY 10704	(1)	, –
		City/State and Zip Code	AM IC FLO	
		olevault1@aol.com ed for future annual report not	tification)	
For further informat	ion concerning this matter, ple	•	<b>5 6</b>	
	φ, μ			
	omas Grandy	at (914)	513-7671	
Na	ime of Person	Area Code & Da	aytime Telephone Number	
Enclosed is a chec	k for the following amount:			
	ee <b>✓</b> \$130.00 Filing Fee & Certificate of Status		Certificate of Status &	
	Mailing Address Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	Clifton Buildir	ection orporations ng re Center Circle	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	is:	
Synergy Riv (Must end with the words "Limited Li	viera, LLC iability Company," "L.L.C.," or "LLC."	·)
ARTICLE II - Address:		
The mailing address and street address of the	e principal office of the Limite	ed Liability Company is:
Principal Office Address:	Mailing Address:	
154 Kimball Avenue Yonkers, NY 10704	154 Kimball Avenue Yonkers, NY 10704	
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.)  The name and the Florida street address of the Louis	egistered Agent. You must designate an	individual or another
Nai	me	EP 25 TASSEE
<del>* *</del>	is Blvd #200	Po E M
·	P.O. Box NOT acceptable)	AMIO: 50 PF STATE FLORIDA
Naples, FL 34104 City, State		4 9
Having been named as registered agent and liability company at the place designated is registered agent and agree to act in this capa statutes relating to the proper and complete accept the obligations of my position as reaccept the Registered Agent's Signature	in this certificate, I hereby accertificate, I hereby accertificate, I further agree to comply performance of my duties, and egistered agent as provided for 2009.09.23  13:36:42 -04'00'	pt the appointment as with the provisions of all I I am familiar with and

(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:

"MGR" = Manager "MGRM" = Managing M	Name and Address:
MGRM	James Grandy
	154 Kimball Avenue
	Yonkers, NY 10704
MGR	Thomas Grandy
_	154 Kimball Avanua
	Yonkers, NY 10704
MGR	Louis Pfaff AB
,	2800 Davis Blvd #200 55 25
	Manles El 3/10/
	TAGUES, I L DA 104
	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
(T	
LEV: Effective date, if o	ther than the date of filing: 9-23-09 (OPTIONAL)
LE V: Effective date, if o fective date is listed, the days after the date of fili	ther than the date of filing: 9-23-09 (OPTIONAl date must be specific and cannot be more than five business daying.)
LE V: Effective date, if o fective date is listed, the days after the date of fili	ther than the date of filing: 9-23-09 (OPTIONAl date must be specific and cannot be more than five business daying.)
LE V: Effective date, if o fective date is listed, the days after the date of fili	ther than the date of filing: 9-23-09 (OPTIONA date must be specific and cannot be more than five business daying.)  RE: 2009.09.23
LE V: Effective date, if o fective date is listed, the days after the date of fili  REQUIRED SIGNATU  Signature  (In according this details of this details and the date)	ther than the date of filing: 9-23-09 (OPTIONA date must be specific and cannot be more than five business daying.)  RE: 2009.09.23 13:36:55 -04'00'
LE V: Effective date, if o fective date is listed, the days after the date of fili  REQUIRED SIGNATU  Signatur  (In according this details and signature)	ther than the date of filing: 9-23-09 (OPTIONA date must be specific and cannot be more than five business daying.)  RE: 2009.09.23 13:36:55 -04'00'  The of a member or an authorized representative of a member.  Indiance with section 608.408(3), Florida Statutes, the execution document constitutes an affirmation under the penalties of perjury
fective date is listed, the days after the date of fili  REQUIRED SIGNATU  Signatur  (In according to this december)	ther than the date of filing: 9-23-09 (OPTIONA date must be specific and cannot be more than five business daying.)  RE: 2009.09.23 1:3:36:55 -04'00'  The of a member or an authorized representative of a member.  Indicate with section 608.408(3), Florida Statutes, the execution ocument constitutes an affirmation under the penalties of perjury facts stated herein are true.)

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)