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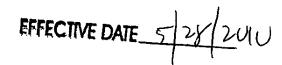
B. KOHR
JUN - 3 2010
EXAMINER

COVER LETTER EFFECTIVE DATE TO: **Registration Section Division of Corporations** The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/Company hac @ yahoo. com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Person Enclosed is a check for the following amount: □\$125.00 Filing Fee \$160.00 Filing Fee, ■\$130.00 Filing Fee & ■\$155.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (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:	3
The hame of the Emined Elabinty Company is.	E 2
C. 1 22-4 110	200
Synchrospect, LLC.	2
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	
	4
ARTICLE II - Address:	5 6 G

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

Principal Office Address:	Mailing Address:
4204 W. Sylvan Ramble St.	P.O. Box 18631
Tampa FR 33609	Tampa, FC 33679

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:

Bruce W. Holland, Jv.

Name

4704 W. Sylvan Ramble St.

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

Tampa

FL 33609

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)
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:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGK	Bruce W. Hollard For 4204 W. Sylvan Kamble 81
	1204 W. Sylvan Kamlel St Tamps, Fr. 38609
MGKM	Richard DeMartini
	503 N. Bayshore Blud Sn fety Harbor Ec 34695
MGKM	Janet L Azzarelli 4204 W Sylvan Kankle St.
	Tamps Fr 33609
MGRM	Lesley De Martini
	1303 N- Bayshine Bluch Safety Harbor, FC 34695

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: May 28, 2010. (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.)

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)