

# L11000021178

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700194181057

EFFECTIVE DATE  
2/14/2011

02/16/11--01015--020 \*\*130.00

FILED  
11 FEB 16 AM 11:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
FEB 18 2011

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Synergistic Analytics 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:

Jason R. Schuh MGR  
Name of Person

Synergistic Analytics LLC.  
Firm/Company

3600 Eastbury Dr.  
Address

Jacksonville, FL 32224  
City/State and Zip Code

jschuh54@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jason R. Schuh MGR at ( 904 ) 312-2396  
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:

EFFECTIVE DATE  
2/14/2011

**Synergistic Analytics 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:**

**Mailing Address:**

3600 Eastbury Dr.  
Jacksonville FL, 32224

3600 Eastbury Dr.  
Jacksonville, FL 32224

**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.)

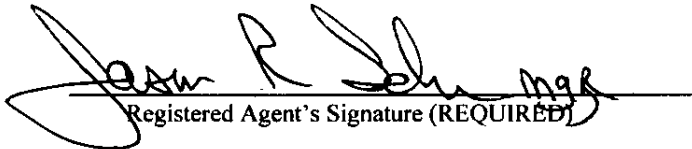
The name and the Florida street address of the registered agent are:

Jason R. Schuh MGR  
Name

3600 Eastbury Dr.  
Florida street address (P.O. Box **NOT** acceptable)  
Jacksonville FL 32224  
City, State, and Zip

FILED  
11 FEB 16 AM 11:29  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*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)

