

L120000030283

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

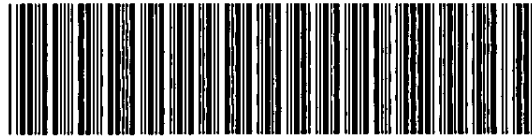
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. SAULSBERRY  
EXAMINER

MAR 2 2012

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Four Seasons By Synergy, 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:

Louise Jeroslow

Name of Person

Law Offices of Louise T. Jeroslow

Firm/Company

6075 Sunset Drive, Suite 201

Address

South Miami, FL 33143

City/State and Zip Code

jeroslow@bellsouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Louise Jeroslow

Name of Person

at ( 305 ) 740-7431

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

**Four Seasons By Synergy, 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:

Law Offices of Louise T. Jeroslow  
6075 Sunset Drive, Suite 201  
South Miami, FL 33143

#### Mailing Address:

Law Offices of Louise T. Jeroslow  
6075 Sunset Drive, Suite 201  
South Miami, FL 33143

### 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:

Louise T. Jeroslow

Name

6075 Sunset Drive, Suite 201

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

South Miami

FL 33143

City, State, and Zip

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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)

**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:**

MGRM

Deborah D. Fannin  
1835 Miami Gardens Drive, Suite 167  
Miami, FL 33179

MGRM

M. Elva Gonzalez  
1835 Miami Gardens Drive, Suite 167  
Miami, FL 33179

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

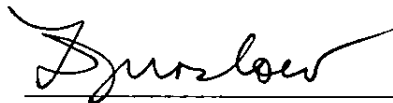
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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_

(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

**Louise T. Jeroslow**

\_\_\_\_\_  
Typed or printed name of signer

**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)**

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2012 MAR -1 AM 8:12  
OPTIONAL  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Law Offices of Louise T. Jeroslow, P. A.**

6075 Sunset Drive, Suite 201  
South Miami, Florida 33143

Louise Jeroslow  
jeroslow@bellsouth.net

305-740-7431 (Office)  
305-740-8960 (Fax)

**March 1, 2012**

***via facsimile***

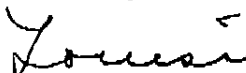
Florida Department of State  
Division of Corporations  
Att: Jeraline

RE: Four Seasons By Synergy, LLC/W12000011761

Dear Jeraline:

This letter is a follow-up to my question of your office as to why Four Seasons By Synergy, LLC was listed as a "rejected filing." The principles of both the former Four Seasons By Synergy, LLC which was dissolved for failure to file an annual report on 04/27/2010 and the most recently filed Four Seasons By Synergy, LLC are the same. I am listed as the registered agent for both entities. If you have any additional questions, please do not hesitate to contact me.

Sincerely,

  
Louise T. Jeroslow, Esq.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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