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T. CLINE

MAR 23 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Opsynergy 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:	
Michael D Wernette Sr.	
Name of Person	
Firm/Company	
4141 Commons Dr W # 4305	
Address	
Destin, FL 32541	
City/State and Zip Code	
Wernette1@mac.com E-mail address: (to be used for future annual report notification)	_
E-mail address: (to be used for future annual report nonficiation)	
For further information concerning this matter, please call:	22
Michael Wernette at (850 615-0019	
Name of Person Area Code & Daytime Telephone Number	ຂື້ອ ຄວ
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\sim \\$130.00 Filing Fee & \sim \\$155.00 Filing Fee & \sim \\$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	-
Mailing Address Street/Courier Address Registration Section Registration Section Registration Section	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FL	ORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	
Opsynergy LLC	
(Must end with the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4141 Commons Dr W # 4305 Destin, FL 32541	4141 Commons Dr W # 4305 Destin, FL 32541
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	Office, & Registered Agent's Signature: red Agent. You must designate an individual or another
The name and the Florida street address of the re	gistered agent are:
Michael D Wernette S	r
Name	
4141 Commons	Dr W # 4305
Florida street addr	ess (P.O. Box <u>NOT</u> acceptable)
Destin	_{FL} 32541
City, Stat	e, and Zip
liability company at the place designated in th	scept service of process for the above stated limited is certificate, I hereby accept the appointment as

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:

"MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR	Eugene W. Hardy 570 E Timberlake Dr Mary Esther, FL 32569
MGR	Robert N Strong 569 E Timberlake Dr Mary Esther, FL 32569
(Use attachment if necessary)	
	n the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days prior
an effective date is listed, the date mu	
an effective date is listed, the date must be so after the date of filing.) REQUIRED SIGNATURE:	ust be specific and cannot be more than five business days prior
r 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a m (In accordance with section constitutes an affirmation I am aware that any false	nember or an authorized representative of a member. on 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true, information submitted in a document to the Department of State
r 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a m (In accordance with section constitutes an affirmation I am aware that any false	nember or an authorized representative of a member. on 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.) V Hardy
REQUIRED SIGNATURE: (In accordance with section constitutes an affirmation I am aware that any false constitutes a third degree	nember or an authorized representative of a member. on 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)