

# L12000146452

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H12000272269 3)))



H120002722693ABC+

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
2012 NOV /5 AM 8:03

RECEIVED  
12 NOV 20 PM 4 15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## FLORIDA LIMITED LIABILITY CO. SYNCHROLINEA, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

C. LEWIS  
NOV 20 2012  
EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help



November 16, 2012

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

EMPIRE CORPORATE KIT COMPANY

SUBJECT: SYNCROLINEA, LLC  
REF: W12000057874

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You can not go back more than five business days. Your document was submitted on November 15th. You may have November 7th as your effective date. Please amend your document accordingly.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

If you have any further questions concerning your document, please call (850) 245-6051.

Carolyn Lewis  
Regulatory Specialist II  
Registration/Qualification Section

FAX Aud. #: H12000272269  
Letter Number: 612A00027660

P.O BOX 6327 - Tallahassee, Florida 32314

H12000027226

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is: **SYNCRONLINEA, LLC**

**ARTICLE II - Address:**

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

Principal Office Address:  
7385 FAIRWAY DRIVE #253  
MIAMI LAKES, FL 33014

Mailing Address:  
7385 FAIRWAY DRIVE #253  
MIAMI LAKES, FL 33014

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2012 NOV 15 AM 8:03

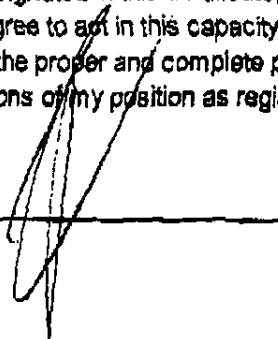
**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Antonio Ramos  
5820 Blue Lagoon Drive #125  
Miami, FL 33126

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: \_\_\_\_\_



H120000272265

**ARTICLE IV - Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

Title: Managing Member = "MGRM"

Name and Address:

Mr. MAURIZIO MOLINARI  
7385 FAIRWAY DRIVE #253  
MIAMI LAKES, FL 33014

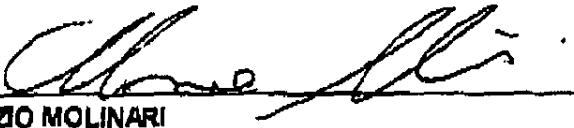
**ARTICLE V - Limited Liability Purpose:**

1. Any Lawful purpose under the laws of the United States.

**ARTICLE VI - Effective date, if other than the date of filing:**

Nov 7, 2012

REQUIRED SIGNATURE:

  
MAURIZIO MOLINARI

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATE AFFAIRS  
2012 NOV 15 AM 8:03

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.)