

L13000163340

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

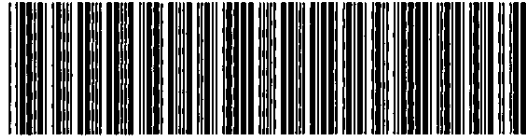
(Business Entity Name)

(Document Number)

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13 NOV 21 AM 11:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOV 21 2013  
T. BROWN

~~W13 LADAL~~

(850) 245-6051

### COVER LETTER

**TO: Registration Section  
Division of Corporations**

**Syntropy LLC**

**SUBJECT:** \_\_\_\_\_  
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:

**Alexander Kunis**

\_\_\_\_\_  
Name of Person

**Syntropy LLC**

\_\_\_\_\_  
Firm/Company

**1623 Canopy Oaks Blvd**

\_\_\_\_\_  
Address

**Palm Harbor, FL 34683**

\_\_\_\_\_  
City/State and Zip Code

**akmusic07@yahoo.com**

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

For further information concerning this matter, please call:

**Alexander Kunis**

**727**

**599-4594**

\_\_\_\_\_  
at ( )

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 29, 2013

ALEXANDER KUNIS  
SYNTROPY LLC  
1623 CANOPY OAKS BLVD  
PALM HARBOR, FL 34683

SUBJECT: SYNTROPY LLC.  
Ref. Number: W13000060106

We have received your document for SYNTROPY LLC. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on . Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Teresa Brown  
Regulatory Specialist II

Letter Number: 613A00025201

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Syntropy LLC.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

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TALLAHASSEE, FLORIDA

**ARTICLE II - Address:**

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

**Principal Office Address:**

1623 Canopy Oaks Blvd  
Palm Harbor, Fl. 34683

**Mailing Address:**

1623 Canopy Oaks Blvd.  
Palm Harbor, FL. 34683

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

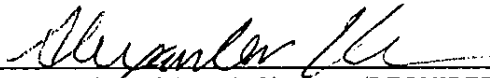
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Alexander Kunis  
Name

1623 Canopy Oaks Blvd  
Florida street address (P.O. Box **NOT** acceptable)  
Palm Harbor FL 34683  
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)

TB

