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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Sales Synergies, LLC	
Name	of Limited Liability Company
The enclosed Articles of Organization and for	ee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Edward G. Larsen	
	Name of Person
Sales Synergies, LLC	
	Firm/Company
Terraces 4751 Gulf Shore Bi	vd. , North # 1501 Address
Naples, FL 34103	
•	City/State and Zip Code
Ed@SalesSynergiesLLC.com	be used for future annual report notification)
For further information concerning this matt	•
Edward G. Larsen Name of Person	at (908) 217-0728 Area Code Daytime Telephone Number
Enclosed is a check for the following amour	nt:
□ \$125.00 Filing Fee □ \$130.00 Filing Fe Certificate of Sta	
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 1 - Name: The name of the Limited Liability Company is:	
Sales Synergies, LLC. (Must end with the words "Limited I.	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal off	ice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4751 Gulf Shore Blvd., North - # 1501 Terrac Naples, FL 34103	Ed Larsen- Sales Synergies, LLC 4751 Gulf Shore Blvd., North - # 1501 7 Naples, FL 34103
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.	Legistered Agent. You must designate an individual or
The name and the Florida street address of the registered a	gent are:
Edward G. Larsen	
Name	
4751 Gulf Shore Blvd., North -	
Florida street address (P.O. Box 1	NOT acceptable)
Naples	FL 34103
City	Zip
the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig	vice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this of all statutes relating to the proper and complete performance gations of my position as registered agent as provided for in r 605, F.S
Registered Agent's Signature	Me (REQUIRED)
(CONTINÚE	D)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	
'MGR" = Manager	
AMBR	Edward G. Larsen
MGR	Karen L. Larsen
EV: Effective date, if other than th	e date of filing:
EV: Effective date, if other than the ctive date is listed, the date must of filing.)	e date of filing:
EV: Effective date, if other than the ctive date is listed, the date must of filling.) EVI: Other provisions, if any.	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90 days
EV: Effective date, if other than the ctive date is listed, the date must filing.) EVI: Other provisions, if any.	be specific and cannot be more than five business days prior to or 90 days
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E V: Effective date, if other than the ctive date is listed, the date must f filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with sect)	a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document
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EV: Effective date, if other than the ctive date is listed, the date must filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with sect constitutes an affirmation I am aware that any false constitutes a third degree	a member or an authorized representative of a member. on 605.0203 (1) (b), 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.)
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