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| (Requestor's Name) | | |
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| (Address) | | |
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| (Cit | ry/State/Zip/Phone | : #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Business Entity Name) | | |
| (Document Number) | | |
| Certified Copies | Certificates | of Status |
| Special Instructions to Filing Officer: | | |
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Office Use Only



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MARIO MINES

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Arnold A. Broussard

6406 Blue Bay Circle Lake Worth, Florida 33467-7397

March 7, 2015

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

SUBJECT: NEW SYNERGY VENTURES, LLC

The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:

Arnold A. Broussard 6406 Blue Bay Circle Lake Worth, FL 33467-7397

For further information concerning this matter, please call:

Arnold A. Broussard at (561) 315-5243.

Enclosed is a check for \$160.00 to pay for the Filing Fee, Certificate of Status, and Certified Copy. An additional copy of the Articles of Organization is enclosed.

Sincerely,

Arnold A. Broussard

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ARTICLES OF ORGANIZATION FOR



FLORIDA LIMITED LIABILITY COMPANYS TO THE 125 22

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ARTICLE I - NAME

The name of the Limited Liability Company is:

NEW SYNERGY VENTURES, LLC

ARTICLE II - ADDRESS

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

6406 Blue Bay Circle Lake Worth, Florida 33467-7397

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, AND REGISTERED AGENT'S SIGNATURE

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

Arnold A. Broussard 6406 Blue Bay Circle Lake Worth, Florida 33467-7397

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 605, F.S..

Registered Agent's Signature

ARTICLE IV- AUTHORIZED MEMBERS

The name and address of each person authorized to manage and control the Limited Liability Company is as follows.

Authorized Member

Allen H. Elijah

6406 Blue Bay Circle

Lake Worth, FL 33467-7397

Authorized Member

Shelby L. Lowe

929 Orange Drive Lake Park, FL 33403

Authorized Member

Arnold A. Broussard

6406 Blue Bay Circle

Lake Worth, FL 33467-7397

Authorized Member

Marcus Johnson

903 Lake Lily Drive, Apartment B201

Maitland, FL 32751

ARTICLE V - EFFECTIVE DATE

The effective date of this Limited Liability Company is as follows.

March 15, 2015

Arnold A. Broussard

Typed Name of Authorized Member

(In accordance with section 605.0203 (1) (b), 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.)