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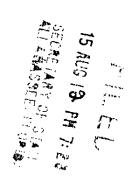
(Requestor's Name)				
(Address)				
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PICK-UP WAIT MAIL				
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FLORIDA DEPARTMENT OF STATE Division of Corporations

July 31, 2015

WILDER MORENO 1546 SW 40 ST MIRMAR, FL 33027

SUBJECT: SYNERGY SISTEMS USA LLC.

Ref. Number: W15000051982



We have received your document for SYNERGY SISTEMS USA LLC. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

It appears the filing submitted has a typographical error in the entity name. Please verify this name and all other information contained in the filing and resubmit it for processing.

SISTEMS APPEARS TO BE MISSPELLED.,

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) 245-6052.

WESTLEE A PAINTER Regulatory Specialist II

Letter Number: 015A00016157



COVER LETTER

	egistration Section vision of Corporations	
SUBJECT	SYNERGY SISTEMS USA LLC.	
SUBJECT		imited Liability Company
The enclose	ed Articles of Organization and fee(s) a	are submitted for filing.
Please retur	rn all correspondence concerning this r	matter to the following:
	WILDER MORENO	
		Name of Person
	SYNERGY SISTEMS USA LLC.	
		Firm/Company
	15646 SW 40 ST	
		Address
	MIRAMAR, FLORIDA 33027	
	WILMORA2004@YAHOO.COM	City/State and Zip Code
-		ed for future annual report notification)
For further in	nformation concerning this matter, plea	ase call:
	WILDER MORENO	786 7121221
		Area Code Daytime Telephone Number
Enclosed is	s a check for the following amount:	•
\$125.00 Fi		\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section	Street Address New Filing Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager WILDER MORENO MGR 15646 SW 40 ST MIRAMAR, FL 33027 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: JULY 1, 2015 _. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. Hielle **REOUIRED SIGNATURE:** Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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. WILDER MORENO Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

the first production

Page 2 of 2

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

, , , , , , , ,

ARTICLE I - Name: The name of the Limited Liability	Company is:		
SYNERGY SISTEMS	USA LLC.		
(Must end wi	th the words "Limited Liab	oility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street add	ress of the principal office	of the Limited Liability Company is:	
Principal	Office Address:	Mailing Address:	
15646 SW 40 ST		15646 SW 40 ST	
MIRAMAR, FL 33027		MIRAMAR, FL 33027	
ARTICLE III - Registered Agent (The Limited Liability Company of another business entity with an act	innot serve as its own Reg	egistered Agent's Signature; istered Agent. You must designate an individual o	or
The name and the Florida street ad	dress of the registered age	nt are:	
	WILDER MORENO		
	Na	me	
	15646 SW 40 ST		
	Florida street address (P.	O. Box NOT acceptable)	

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..

MIRAMAR

City

Registered A ent's Signature (REQUIRED)

FLORIDA

State

33027

Zip

(CONTINUED)

Page 1 of 2

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