# 14624

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SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724 SUNSHINECORPORATE2014@GMAIL.COM

Date: 6-16-16

**ENTITY NAME:** 

nternational

# **\*\*PLEASE FILE THE ATTACHED AND RETURN:\*\***

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**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY:\*\*** 

Document Number:

\_\_\_\_ Certified Copy of Arts & Amendments

\_\_\_\_ Certificate of Good Standing

# **\*\*APOSTILLE'/NOTARIAL CERTIFICATION:\*\***

COUNTRY OF DESTINATION

NUMBER OF CERTIFICATES REQUESTED\_\_\_\_\_

TOTAL AMOUNT OWED: 125 CHECK NUMBER: 259)

PLEASE CONTACT TINA AT 850-508-1891 FOR ANY PROBLEMS OR INFORMATION ON THIS MATTER.

Thank you!

Tina Goff, President

## ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I NAME

The name of the Limited Liability Company is:

INTERNATIONAL SYNERGY FOR TECHNICAL SERVICES LLC

#### ARTICLE II ADDRESS

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

7354 AZALEA COVE CIRCLE

ORLANDO, FLORIDA 32807

#### ARTICLE III REGISTERED AGENT

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

ABDELHAMID ELKHEIR

7354 AZALEA COVE CIRCLE

ORLANDO, FLORIDA 32807

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.

ABDELHAMID ELKHEIR / Registered Agent's signature

#### PAGE 2 INTERNATIONAL SYNERGY FOR TECHNICAL SERVICES LLC

#### ARTICLE IV

The name and address of each person authorized to manage and control the Limited Liability Company:

AUTHORIZED MEMBER ABDELHAMID ELKHEIR 7354 AZALEA COVE CIRCLE ORLANDO, FLORIDA 32807

Х ABDELHAMID ELKHEIR / Authorized Representative's signature

(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.)

