

L 16000165903

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

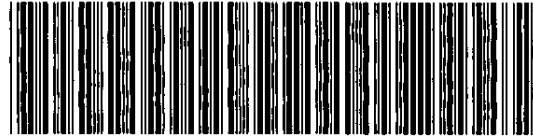
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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08/29/16--01031--021 \*\*130.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 JUL 29 AM 9:59

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DMC  
9/9/16

# TEAM SYNERGY DESIGN, LLC.

(RETURN ADDRESS BELOW)

8242 Via Bella Notte

Orlando FL. 32836

8-16-16

## DIVISION OF CORPORATIONS

(NEW FILING SECT(ION)

Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301 (850) 245-6052

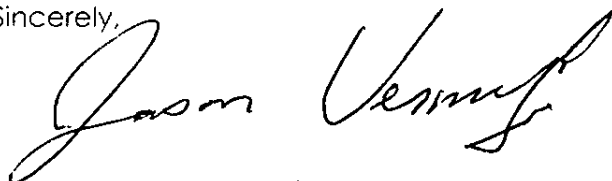
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16 AUG 29 AM 9:59  
TALLAHASSEE, FLORIDA

## REQUEST OF NEW CORPORATION

Please accept this cover letter with the attached check of \$130.00 for the filing fee and certification of status.

Please feel free to contact us with any questions in regards to this.

Sincerely,



321 217-5657

JASON W. VERMILYA

ROBERT GOUDY.

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** TEAM SYNERGY DESIGN, LLC  
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:

JASON VERMILYA

Name of Person

Firm/Company

8242 Via Bella Notte

Address

Orlando, FL 32836

City/State and Zip Code

jason@synergycustombuilders.com

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

For further information concerning this matter, please call:

<u>Jason Vermilya</u>	<u>321</u>	<u>217-5657</u>
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check for the following amount:

<input type="checkbox"/> \$125.00 Filing Fee	<input checked="" type="checkbox"/> \$130.00 Filing Fee & Certificate of Status	<input type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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**Mailing Address**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TEAM SYNERGY DESIGN, LLC

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

ARTICLE II - Address:

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

Principal Office Address:

8242 Via Bella Notte  
Orlando FL 32836

Mailing Address:

8242 Via Bella Notte  
Orlando FL 32836

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:

Jason Vermilya

Name

8242 Via Bella Notte

Florida street address (P.O. Box **NOT** acceptable)

Orlando

FL.

32836

City

State

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 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

AMBR

**Name and Address:**

Jason Vermilya

8242 Via Bella Notte

Orlando FL 32836

Robert Goudy

6077 Lexington Park

Orlando FL 32819

(Use attachment if necessary)

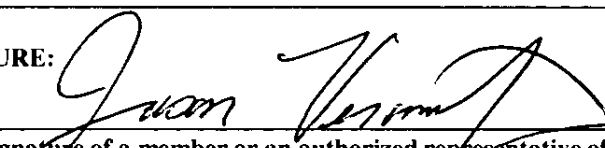
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.

**REQUIRED 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.

Jason Vermilya

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)

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