11700009439

(Re	equestor's Name)	
(Ac	ldress)	
. (Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Ви	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



100294012201

100294012201 01/17/17--01001--001 **125.00

17 JAN 13 PM 2:59

2017 JAN 13 AN 11: 1 SECRETARY STORIE

C. GOLDEN JAN 1 7 2017

COVER LETTER

TO:	Registration Section Division of Corporations
CHD H	MYOTREND, LLC
SUBJE	Name of Limited Liability Company
The en	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	FRANK N. LAGO, ESQ.
	Name of Person
	WALK LAW FIRM, P.A.
	Firm/Company
	100 S. ASHLEY DR, STE 620
	Address
	TAMPA, FL 33602
	City/State and Zip Code FLAGO@WALKLAWFIRM.COM
	E-mail address: (to be used for future annual report notification)
For furth	ner information concerning this matter, please call:
	FRANK N. LAGO, ESQ. 813 999-0199
	Name of Person Area Code Daytime Telephone Number
Enclos	ed is a check for the following amount:
	Of Filing Fee \$\int \text{\$130.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status & Certified Copy (additional copy is enclosed) \$\int \text{\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}\$\$
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of Corporations

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

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

2017 JAN 13 AH 11: 19

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

100 Care Care Care

A	R	Ţ	1	C	L	E	Ĭ	-	N	a	m	e	:
---	---	---	---	---	---	---	---	---	---	---	---	---	---

The name of the Limited Liability Company is:

2017 JAN 13 AIIII: 19

MYOTREND, LLC

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

SECRETARY OF STATE
TALLAMASSEC, FLORIDA

ARTICLE II - Address:

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

<u>Princi</u>	pal Office Address:		Mailing Address:
5405 Mountain Fari	n Ct.	54	405 Mountain Farm Ct.
Tampa, FL 33624		T	ampa, FL 33624
ARTICLE III - Registered At (The Limited Liability Compan another business entity with an The name and the Florida stree	y cannot serve as its own active Florida registrati	n Registered Ager on.)	gent's Signature: nt. You must designate an individual or
		Name	
	5405 Mountain Farr	n Ct	
	Florida street addre	ss (P.O. Box <u>NO</u>	racceptable)
	Tampa	FL	33624
	City	State	

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.

Paul Lee Bulton
Paul lee Burton (Jan 13, 2017)

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

"AMBR" = Authorized Member "MGR" = Manager MGR Paul Burton 5405 Mountain Farm Ct. Tampa, FL 33624 (Use attachment if necessary) ICLE V: Effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days ate of filing.) if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be li ocument's effective date on the Department of State's records. ICLE VI: Other provisions, if any.	Title:	Name and Address:					
CLE V: Effective date, if other than the date of filing:							
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:	"MGR" = Manager						
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:	MGR						
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:		5405 Mountain Farm Ct.					
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:		Tampa, FL 33624					
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:							
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:							
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:							
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:							
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:							
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:							
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:		•					
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:							
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:							
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:							
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:							
CLE V: Effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days te of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be li cument's effective date on the Department of State's records. CLE VI: Other provisions, if any.							
CLE V: Effective date, if other than the date of filing:							
CLE V: Effective date, if other than the date of filing:	(Use attachment if necessary)						
effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days te of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lineument's effective date on the Department of State's records. CLE VI: Other provisions, if any.	(Ose attachment it necessary)	•					
effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days te of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lincument's effective date on the Department of State's records. CLE VI: Other provisions, if any.	CLEV. Effective data if other than the data of (Clina: (ODTIONAL)					
te of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liberated in the Department of State's records. CLE VI: Other provisions, if any.	CLE V: Effective date, if other than the date of the	iling: (OPTIONAL)					
If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lincument's effective date on the Department of State's records. CLE VI: Other provisions, if any.	effective date is listed, the date must be specifi	ic and cannot be more than five business days prior to or 90 days					
CLE VI: Other provisions, if any.							
CLE VI: Other provisions, if any.							
	cument's effective date on the Department of S	state's records.					
	CLEVE Other provisions if any						
	•						
REQUIRED SIGNATURE							
REQUIRED SIGNATURE							
REDUIRED 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.

By: Nadeem al-Sayegh, Manager of Global Synergies, LLC, Member of Myotrend, LLC 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)

ARTICLE IV-

Page 2 of 2