

48000076584

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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C RICO
MAR 28 2018

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Synergy Hotel Group 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:

Samir Patel

Name of Person

Synergy Hotel Group LLC

Firm/Company

3101 South Ferdon Blvd

Address

Crestview FL 32536

City/State and Zip Code

manishfla@yahoo.com

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

For further information concerning this matter, please call:

Samir Patel

850

933-1753

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐

\$125.00 Filing Fee

☐

\$130.00 Filing Fee &
Certificate of Status

☐

\$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐

\$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Synergy Hotel Group LLC

(Must contain 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:

3101 South Ferdon Blvd

Crestview FL 32536

Mailing Address:

3101 South Ferdon Blvd

Crestview FL 32536

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:

Samir Patel

Name

2726 N Monroe St

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

Tallahassee

FL

32303

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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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

Name and Address:

Danny Patel

125 Farrah Ave

Niceville FL 32578

AMBR

Jayesh Patel

3152 Abbey Lane

Foley AL 36536

AMBR

Amir V Patel

1214 Miracle Strip Pkwy

Fort Walton Beach FL 32548

AMBR

Dipak Patel

1492 Bentley Circle

Fort Walton FL 32547

(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.

SAMIR PATEL

Typed or printed name of signer

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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TALLAHASSEE, FLORIDA

Synergy Hotel Group, LLC

AMBR Samir Patel
2726 N Monroe St
Tallahassee FL 32303

AMBR Kanu Patel
1 Miracle Strip Pkwy
Fort Walton Beach FL 32548

AMBR Manish Shah
3194 Border Creek Rd
Crestview FL 32539

AMBR Kiran Patel
4137 Bering Way
Irving TX 75063

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