

L19000280381

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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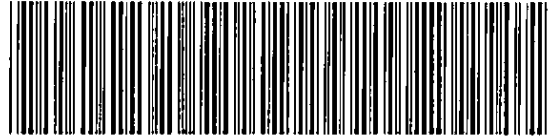
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

NOV 26 2019

NOV 26 2019

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 061770 7901254

AUTHORIZATION :



COST LIMIT : \$ 130.00

ORDER DATE : November 25, 2019

ORDER TIME : 11:31 AM

ORDER NO. : 061770-005

CUSTOMER NO: 7901254

DOMESTIC FILING

NAME: SYNCHXRAY LLC

EFFECTIVE DATE:

_____ ARTICLES OF INCORPORATION
_____ CERTIFICATE OF LIMITED PARTNERSHIP
XX_____ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY
XX_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson - EXT.

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is:

Synchxray LLC

ARTICLE II – Address:

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

Principal Office Address:

11901 SW Chestnut Grove Drive
Port St. Lucie, FL 34987

Mailing Address:

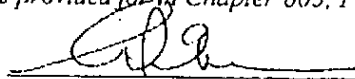
11901 SW Chestnut Grove Drive
Port St. Lucie, FL 34987

ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

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

Alan I. Goldman
11901 SW Chestnut Grove Drive
Port St. Lucie, FL 34987

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..


Alan I. Goldman, Registered Agent

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 & MGR

Name and Address:

Alan I. Goldman
11901 SW Chestnut Grove Drive
Port St. Lucie, FL 34987

REQUIRED SIGNATURE:


Alan I. Goldman, Sole Member and Manager

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.

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TALLAHASSEE, FLORIDA