(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
•
(Business Entity Name)
<u> </u>
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

ORDER FORM

TO Florida Department of State

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303

corphelp@dos.myflorida.com

850-245-6051

FROM Melissa Stops

mstops@incserv.com

850.656.7953

REQUEST DATE 1/27/2020

PRIORITY Routine

OUR REF # (Order ID#) 803772

ORDER ENTITY

SYNERGY OUTSOURCING USA, LLC

PLEASE PERFORM THE FOLLOWING SERVICES: SYNERGY OUTSOURCING USA, LLC (FL)

New LLC filing

NOTES:

\$125.00 Authorized

Email address for annual report reminders: jay.zhang@usa-corporate.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Monday, January 27, 2020 Page 1 of 1

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

SYNERGY OUTSOURCING USA, LLC	
(Must conatin the words "Limited Liabil	ty Company, "L.L.C.," or "LLC,")
CTICLE II - Address: e mailing address and street address of the principal office Principal Office Address:	of the Limited Liability Company is: Mailing Address:
e mailing address and street address of the principal office	

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

another business entity with an active Florida registration.)

1	Name	
2713 IST AVENUE N		
Florida street address (P.O. Box NOT as	cceptable)
ST. PETERSBURG	FL	33713
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 fin ther 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 Signature (REQUIRED)

(CONTINUED)

2020 JAN 27 PR 12: 09

ARTICLE IV-

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

Titlei	4 .1 .1 134 .1	Name and Address:
"MGR" = M	Authorized Member	
	anager	MACHILLA MA DOUG
AMBR		JOSHUA MARCUS 2713 IST AVENUE N
		ST. PETERSBURG, FL 33713
		
	nent if necessary)	
ARTICLE V: Effective	ve date, if other than the date of	filing: (OPTIONAL)
(If an effective date is	listed, the date must be specif	fic and cannot be more than five business days prior to or 90 days after
the date of filing.)		
		t the applicable statutory filing requirements, this date will not be listed as
the document's effect	ive date on the Department of S	State's records.
ADDICT PART ON		
ARTICLE VI: Other p	provisions, it any.	
		
REQUIRE	SIGNATURE: 1	1
131113141111	/ \	\mathscr{L}
	Signature of a memb	per or an authorized representative of a member.
	This document is executed	in accordance with section 605.0203 (1) (b), Florida Statutes.
		formation submitted in a document to the Department of State
	constitutes a third degree fe	fony as provided for in s.817.155, F.S.
	JOSHUA MARCUS	:
	Tourion marcos	Syped or printed name of signee
		Aking an Linning and Millian
		Pala = P

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)