

L20000175961

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

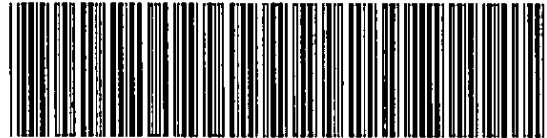
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2020 JUN 30 PM 4:21
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JUN 30 2020

K. Brumbley

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: SYNERGINVEST, 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:

STEVEN T. SLATEM

Name of Person

Firm/Company

8454 N. CENTURY BLVD.

Address

CENTURY, FL 32535

City/State and Zip Code

INFO@SYNERGININVEST.COM

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

For further information concerning this matter, please call:

STEVEN T. SLATEM

321

960-3091

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

Brumbley, Kyle D.

From: InvasErad - STS <sts@invaserad.com>
Sent: Tuesday, June 30, 2020 2:28 PM
To: Brumbley, Kyle D.
Subject: Synerginvest, LLC
Attachments: .0.jpeg

EMAIL RECEIVED FROM EXTERNAL SOURCE

Dear Mr. Brumbley,

As discussed during our telephone conversation today, I am the original owner of Synerginvest, LLC, which was formerly registered in Florida as a foreign entity of the Delaware-based company which I also formed and owned completely, and that I currently own 100% of all assets of and rights to use the name "Synerginvest".

I hereby request that do you use the funds I mailed in previously to form the new Synerginvest, LLC entity with principal address, mailing address and registered agent address of 8454 N. Century Blvd., Century, FL 32535.

I Steven T. Slatem am the sole manager and owner of the entity.

Thank you for your attention to this matter.

Sincerely,

- Steven T. Slatem
Manager
Synerginvest, LLC

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FBI - MIAMI

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SYNERGINVEST, 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:

8454 N. Century Blvd.
Century FL 32535

Mailing Address:

8454 N. Century Blvd.
Century FL 32535

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:

STEVEN T SLATEM

Name

8454 N. Century Blvd.

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

Century FL 32535

City

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, FL

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

STEVEN T SLATEM

8454 N. Century Blvd.
Century FL 32535

(Use attachment if necessary)

ARTICLE V: 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.

STEVEN T SLATEM

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)