7/7/2020



Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000212953 3)))



H200002129533ABCY

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : USACORP INC. Account Number : 120130000019 Phone : (718)362-4789

Fax Number : (718)408-2550

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: IHUZAR30@AOLCOM

FLORIDA LIMITED LIABILITY CO.

SYM Partners LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

7/8/2020

Electronic Filing Menu

Corporate Filing Menu

Help

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ARTICLES OF	ORGANIZATION FOR	FLORIDA LIMITEI	DELABILITY COMPANY		
ARTICLE 1 - Name: The name of the Limited Liabilit	y Company is:				
SYM Partners LLC					
	with the words "Limited	Liability Compan	y, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street ad	ldress of the principal o	ffice of the Limited	Liability Company is:		
<u>Princip</u> :	al Office Address:		Mailing Address	<u>:</u> :	
9355 Eden Roc Ct.		935	5 Eden Roc Ct.		
Delray Beach, Fl 334	46	Del	ray Beach, Fl 33446		
					
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a The name and the Florida street a	cannot serve as its own active Florida registration	Registered Agent. on.)		idual or	
The name and the Florida street a	· ·	agem are.			
	Jonathan Huzarsky	Name			
	9355 Eden Roc Ct.				
	Florida street addres	s (P.O. Box NOT a	acceptable)		
	Delray Beach	FL	33446		
	City	State	Zip		
Having been named as registered a place designated in this certificate, further agree to comply with the pram familiar with and accept the ob	I hereby accept the apportions of all statutes re	ointment as register elating to the prope as registered agent	red agent and agrec to act in t or and complete performance (this capacity. I of my duties, and is	
			ture (REQUIRED)	7	
	3	(CONTINUED)		PM 6: 22	<u> </u>

Page 1 of 2

(((H20000212953 3)))

The date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ment's effective date on the Department of State's records. E. VI: Other provisions, if any. REOURED SIGNATURE: /// // // // // // // // // // // // /	Title:	and Mambur	Name and Address:	
Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b). Florida Statues. I am aware that any false information submitted in a document to the Department of State. I am aware that any false information submitted in a document to the Department of State. I am aware that any false information submitted in a document to the Department of State. I am aware that any false information submitted in a document to the Department of State. I am aware that any false information submitted in a document to the Department of State.	"MGR" = Manager			
Delray Beach, Fl 33446	AMBR			
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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)