

L22 000317 398

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

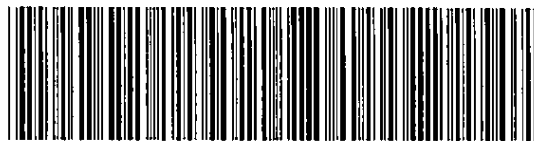
(Business Entity Name)

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155 Office Plaza Dr Ste A Tallahassee FL 32301  
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**DATE:** 07/18/22

**NAME:** SYNTHEON INVEST, LLC

**TYPE OF FILING:** ARTICLES

**COST:** 155.00

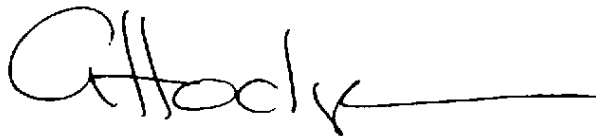
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CLERK OF CIRCUIT COURT

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**ACCOUNT:** FCA000000015

**AUTHORIZATION:** ABBIE/PAUL HODGE



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**COVER LETTER**

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

**SUBJECT:** Syntheon Invest, 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:

Katelen Dunphy

Name of Person

Morse, Barnes-Brown & Pendleton

Firm/Company

480 Totten Pond Road, Fourth Floor

Address

Waltham, MA 02451

City/State and Zip Code

crivera@syntheon.com

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

For further information concerning this matter, please call:

Carlos Rivera

at ( 305 )

266-3388

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

22 JUL 19 PM 3:04

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Syntheon Invest. 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:

13755 SW 119th Avenue  
Miami, Florida 33186

Mailing Address:

13755 SW 119th Avenue  
Miami, Florida 33186

**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:

<u>Carlos Rivera</u>		
Name		
<u>13755 SW 119th Avenue</u>		
Florida street address (P.O. Box <b>NOT</b> acceptable)		
<u>Miami,</u>	<u>Florida,</u>	<u>33186</u>
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.*

Carlos Rivera

Registered Agent's Signature (REQUIRED)

(CONTINUED)

22 JUL 19 PM 3:04

**ARTICLE IV-**

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

**Title:**

**Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Sean McBrayer

13755 SW 119th Avenue

Miami, FL 331866

MGR

Matthew A. Palmer

13755 SW 119th Avenue

Miami, FL 331866

MGR

Rudy Kranys

13755 SW 119th Avenue

Miami, FL 331866

AMBR

Richard J. Yurko

13755 SW 119th Avenue

Miami, FL 331866

(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:**

*RJY*

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.

Richard J. Yurko

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)

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