

L23000298414

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

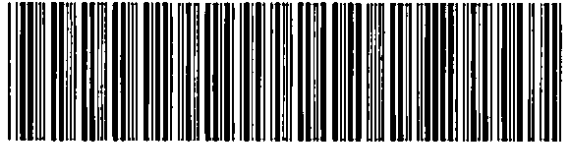
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SECRETARY OF STATE
FALL RIVER, MA 01923

2023 JUN 21 PM 1:40



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 Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 6/21/2023

PRIORITY Regular Approval

OUR REF # (Order ID#) 1159598

ORDER ENTITY
SYCN LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

SYCN LLC (FL)

New LLC filing

NOTES:

\$125.00 Authorized

Email address for annual report reminders: corp2@servico.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

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

Sincerely,

A handwritten signature in black ink, appearing to be "WJ" or similar, written over a horizontal line.

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.

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

Article I

The name of the Limited Liability Company is:

SYCN LLC

Article II

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

6537 Landings Ct.
Boca Raton, FL 33496

The mailing address of the Limited Liability Company is:

6537 Landings Ct.
Boca Raton, FL 33496

Article III

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

Steven Goodman
6537 Landings Ct.
Boca Raton, FL 33496

Having been named as registered agent and to accept service of process for the above states 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.

Registered Agent Signature: s/Steven Goodman

Article IV

The name and address of the person(s) authorized to manage LLC:

AMBR
Steven Goodman
6537 Landings Ct.
Boca Raton, FL 33496

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TALLAHASSEE, FLORIDA

Article V

The effective date for this Limited Liability Company shall be:

6/21/2023

Article VI

Other provisions, if any:

Signature of member or an authorized representative

Dated: June 21, 2023

s/Scott J. Schuster

Scott J. Schuster, Authorized Representative

I am the member or authorized representative submitting these Articles or Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

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TALLAHASSEE, FLORIDA