

L23000323407

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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

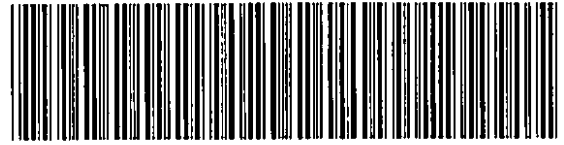
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/09/2010 01:05:44.00 *120.00

FILED
JUN 08 2010
AM 8:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



STEPHANIE MARIE ESPINOSA

37 West 11th ST apt 204 Hialeah FL 33010 |(305)244-2122 | s.espinosa1027@gmail.com

Date

April 4, 2023

To whom it may concern:

Hello, I am the original owner of Synsations corp. Document #P19000023942 unfortunately I never planned on reinstating this entity therefore want to release it and register as Synsations LLC.

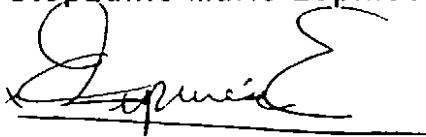
With this letter I am also including a money order for \$125 fee for registration of Synsations LLC

As well as the registration form for the new entity of Synsations LLC.

Thank you for all your help!

Sincerely,

Stephanie Marie Espinosa



x April 4 2023

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Synsations 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:

Stephanie Marie Espinosa
Name of Person

Firm/Company

37 west 11th St Apt # 204
Address

Hialeah FL 33010
City/State and Zip Code

S.espinosa1027@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephanie Espinosa at (305) 244 - 2122
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Synsations 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:

Same as mailing →
address

Mailing Address:

37 West 11th St
Apt # 204 Hialeah FL
33010

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:

Stephanie Marie Espinosa
Name

37 West 11th St Apt 204
Florida street address (P.O. Box NOT acceptable)

Hialeah FL 33010
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..

Stephanie Espinosa
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

~~Owner~~ MGR

Name and Address:

Stephanie Marie Espinosa
37 West 11 St apt 204 hialeah
FL 33210

(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:



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.

Stephanie Marie Espinosa

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)