

M05000001487

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100048414241

03/18/05--01027--014 \*\*160.00

FILED  
2005 MAR 18 PM 2:06  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

J. BRYAN MAR 21 2005

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Synergistic Communicatios LLC  
(Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

William G. Davis  
(Name of Person)

Synergistic Communications LLC  
(Firm/Company)

5408 Cochran Drive  
(Address)

Nashville, TN 37220  
(City/State and Zip Code)

FILED  
2006 MAR 18 PM 2:06  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Willaim Davis at ( 407 ) 921-7088  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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    ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACT BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:*

1. Synergistic Communications LLC  
(Name of Foreign Limited Liability Company)
2. Nashville, TN - Davidson County  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. \_\_\_\_\_  
(FEI number, if applicable)
4. 12/09/2004  
(Date of Organization)
5. Perpetual  
(Duration: Year limited liability company will cease to exist or "perpetual")
6. 12/15/2004  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 201 Park Place, Altamonte Springs, Florida, 32779  
(Street Address of Principal Office)

FILED  
2005 MAR 18 PM 2:06  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA


8. If limited liability company is a manager-managed company, check here ☒
9. The name and usual business addresses of the managing members or managers are as follows:

201 Park Place, Altamonte Springs, Florida, 32779

William G. Davis

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: Wholesale and retail of  
satellite bandwidth for internet service providers



Signature of a member or an authorized representative of a member.  
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

William G Davis

Typed or printed name of signee

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Synergistic Communications LLC

2. The name and the Florida street address of the registered agent and office are:

William G. Davis  
(Name)

201 Park Place  
Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Altamonte Springs, FL 32779  
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 608, Florida Statutes.*

  
(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

FILED  
2005 MAR 18 PM 2:06  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**Secretary of State**

**Division of Business Services**

**312 Eighth Avenue North**

**6th Floor, William R. Snodgrass Tower**

**Nashville, Tennessee 37243**

**DATE: 12/10/04**

**REQUEST NUMBER: 5297-0384**

**TELEPHONE CONTACT: (615) 741-2286**

**FILE DATE/TIME: 12/09/04 1004**

**EFFECTIVE DATE/TIME: 12/09/04 1004**

**CONTROL NUMBER: 0482757**

**FILED**  
**2005 MAR 18 PM 2:06**  
**OFFICE OF CORPORATIONS**  
**TALLAHASSEE, FLORIDA**

**TO:**  
**BUSINESS FILINGS INCORPORATED**  
**ATTN: TOSAN**  
**1025 EXCELSIOR/S-200**  
**MADISON, WI 53717**

**RE:**  
**SYNERGISTIC COMMUNICATIONS LLC**  
**ARTICLES OF ORGANIZATION -**  
**LIMITED LIABILITY COMPANY**

**CONGRATULATIONS UPON THE FORMATION OF THE LIMITED LIABILITY COMPANY IN THE STATE OF TENNESSEE WHICH IS EFFECTIVE AS INDICATED ABOVE.**

**A LIMITED LIABILITY COMPANY ANNUAL REPORT MUST BE FILED WITH THE SECRETARY OF STATE ON OR BEFORE THE FIRST DAY OF THE FOURTH MONTH FOLLOWING THE CLOSE OF THE**

**LIMITED LIABILITY COMPANY'S FISCAL YEAR. ONCE THE FISCAL YEAR HAS BEEN ESTABLISHED, PLEASE PROVIDE THIS OFFICE WITH WRITTEN NOTIFICATION. THIS OFFICE WILL MAIL THE REPORT DURING THE LAST MONTH OF SAID FISCAL YEAR TO THE LIMITED LIABILITY COMPANY AT THE ADDRESS OF ITS PRINCIPAL OFFICE OR TO A MAILING ADDRESS PROVIDED TO THIS OFFICE IN WRITING. FAILURE TO FILE THIS REPORT OR TO MAINTAIN A REGISTERED AGENT AND OFFICE WILL SUBJECT THE LIMITED LIABILITY COMPANY TO ADMINISTRATIVE DISSOLUTION.**

**WHEN CORRESPONDING WITH THIS OFFICE OR SUBMITTING DOCUMENTS FOR FILING, PLEASE REFER TO THE LIMITED LIABILITY COMPANY CONTROL NUMBER GIVEN ABOVE. PLEASE BE ADVISED THAT THIS DOCUMENT MUST ALSO BE FILED IN THE OFFICE OF THE REGISTER OF DEEDS IN THE COUNTY WHEREIN A LIMITED LIABILITY COMPANY HAS ITS PRINCIPAL OFFICE IF SUCH PRINCIPAL OFFICE IS IN TENNESSEE.**

**FOR: ARTICLES OF ORGANIZATION -**  
**LIMITED LIABILITY COMPANY**

**ON DATE: 12/09/04**

**FROM:**  
**BUSINESS FILINGS INC-MADISON**  
**1025 EXCELSIOR DR**  
**SUITE 200**  
**MADISON, WI 53717-0000**

**RECEIVED: FEES \$300.00 \$0.00**  
**TOTAL PAYMENT RECEIVED: \$300.00**

**RECEIPT NUMBER: 00093614857**  
**ACCOUNT NUMBER: 00026661**



**RILEY C. DARNELL**  
**SECRETARY OF STATE**