

M09000001232

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

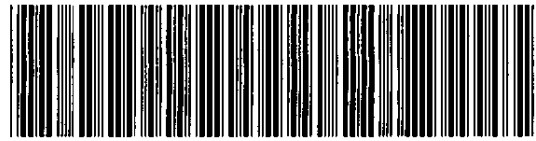
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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09 MAR 27 AM 10:35  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

B. KOHR  
MAR 31 2009  
EXAMINER

MARK E. FRIED  
PROFESSIONAL ASSOCIATION  
ATTORNEY AT LAW  
1110 BRICKELL AVENUE  
SUITE 310  
MIAMI, FLORIDA 33131

Telephone (305) 371-7079  
Facsimile (305) 371-5727

E-Mail: [mfried@markfriedlaw.com](mailto:mfried@markfriedlaw.com)

FILED  
09 MAR 27 AM 10:35  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

March 26, 2009

Sent via Federal Express

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

Re: Register Foreign Limited Liability Company to Transact Business in Florida

Dear Sir or Madam:

This firm represents Synergy Matchmaking, LLC, a newly formed Delaware Corporation. They wish to transact business in Florida. To that end, enclosed you will find all the completed registration packet including a check in the amount of \$160.00 for the filing fee, Certificate of Status & Certified Copy. This firm will be serving as Registered Agent. We ask that you kindly return all paperwork to this office.

Should you have any questions or find anything not in order, please contact the undersigned.  
Thank you.

Sincerely,  
MARK E. FRIED, P.A.

By:

  
Sharon DiazGranados  
Legal Assistant

Enclosure(s)

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SYNERGY MATCHMAKING 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:

MARK E. FRIED, ESQ  
(Name of Person)

MARK E. FRIED, P.A.  
(Firm/Company)

1110 BRICKELL AVENUE, STE. 310  
(Address)

MIAMI, FLORIDA 33131  
(City/State and Zip Code)

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FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Sharon DiazGranados at ( 305 ) 371-7079  
(Name of Person) (Area Code & Daytime Telephone Number)

**MAILING ADDRESS:**  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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. **SYNERGY MATCHMAKING LLC**

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. **DELAWARE**

(Jurisdiction under the law of which foreign limited liability company is organized)

3. **APPLIED FOR**

(FEI number, if applicable)

4. **03/17/2009**

(Date of Organization)

5. **PERPETUAL**

(Duration: Year limited liability company will cease to exist or "perpetual")

6. **N/A**

(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. **540 WEST AVENUE, SUITE 1614**

**MIAMI BEACH, FLORIDA 33139**

(Street Address of Principal Office)

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:

**PHILIPPA ANNE LISTER**

**540 WEST AVENUE, SUITE 1614, MIAMI BEACH, FLORIDA 33139**

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:

**EXECUTIVE MATCHMAKING SERVICES**

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.)

**MARK E. FRIED**

Typed or printed name of signee

FILED  
09 APR 27 AM 10:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:

**SYNERGY MATCHMAKING LLC**

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If name unavailable, the alternate name to be used in the state of Florida is:

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

**MARK E. FRIED, P.A.**

---

(Name)

**1110 BRICKELL AVENUE, STE. 310**

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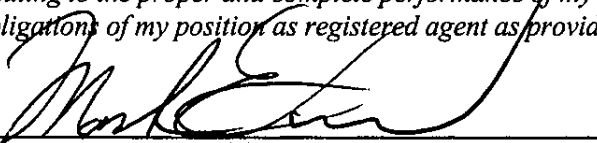
Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

**MIAMI 33131**

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**FL**  
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.*



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(Signature)

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

# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "SYNERGY MATCHMAKING LLC", FILED IN THIS OFFICE ON THE EIGHTEENTH DAY OF MARCH, A.D. 2009, AT 12:24 O'CLOCK P.M.

4666631 8100

090278364



You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 7196131

DATE: 03-19-09

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 01:15 PM 03/18/2009  
FILED 12:24 PM 03/18/2009  
SRV 090278364 - 4666631 FILE

**CERTIFICATE OF FORMATION**

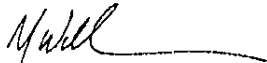
**OF**

**Synergy Matchmaking LLC**

The undersigned, an authorized natural person, for the purpose of forming a limited liability company, under the provisions and subject to the requirements of the State of Delaware (particularly Chapter 18, Title 6 of the Delaware Code and the acts amendatory thereof and supplemental thereto, and known, identified, and referred to as the "Delaware Limited Liability Company Act"), hereby certifies that:

- FIRST:** The name of the limited liability company (hereinafter called the "limited liability company") is: **Synergy Matchmaking LLC**
- SECOND:** The address of the registered office of the limited liability company in the State of Delaware is located at: 108 West 13th Street, Wilmington, Delaware 19801. Located in the County of New Castle. The name of the registered agent at that address is Business Filings Incorporated
- THIRD:** The duration of the limited liability company shall be perpetual.
- FOURTH:** The name and address of the member is:  
Philippa Anne Lister, 540 West Ave., Suite 1614, Miami Beach, Florida 33139

Executed on March 17, 2009



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Business Filings Incorporated,  
Authorized Person  
Mark Williams, A.V.P.