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(I	Requestor's Na	ame)	
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PICK-UP	☐ WAI	Τ	MAIL.
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Certified Copies	Certifi	cates of	Status
Special Instructions t	Filing Office	r:	
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EXAMINER

Office Use Only



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COVER LETTER

TO:		tration Section ion of Corporations				
SUBJ	ECT:	Synergyparts LLC			_	
		(Name	e of Limited Liability Company	y)		
Florid	a," Cer		nited Liability Company for Auck are submitted to register the lorida			
Please	return	all correspondence concernir	ng this matter to the following:			
		Arnie Slutsky			SECF	= 70
			(Name of Person)		SECRETARY SALLAHASSE	
		Synergyparts LLC			<u> </u>	m
			(Firm/Company)			
		103 S US HWY 1 F5-100				ภ
			(Address)			
		Jupiter	FL	33477		
			(City/State and Zip Code)			
For fu	rther in	formation concerning this ma	atter, please call:			
	Arnie	e Slutsky		3-1111		
		(Name of Person)	(Area Code & Da	ytime Telephone	Number)	
MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET ADDRES Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3236	tions ter Circle			
Enclos		check for the following amounts: 5.00 Filing Fee \$130.00 Filing Cert	unt:	\$160.00 Fili	ng Fee, Certi: Status & Cert	

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:

Synergyparts LLC			
(Name of Foreign Limited Liabil	ity Company; must includ	de "Limited Liability Company,"	' "L.L.C.," or "LLC.")
(If name unavailable, enter alternate nan consent of the managers or managing me Company," "L.L.C.," "LLC.")			
2. Nevada	3		
(Jurisdiction under the law of which f company is organized)	oreign limited liability	(FEI number, if	applicable)
4. 05/13/09	5.	perpetual	
(Date of Organization)		(Duration: Year limited liabi exist or "perpetual")	lity company Will come to
(Date first to (See sections)	608.501 & 608.502 F.S.	rida, if prior to registration.) to determine penalty liability)	FEST ST
7. 103 S US HWY 1 F5-100, Jup	iter FL 33477		OS OS
8. If limited liability company is a 9. The name and usual business a	a manager-managed o		are as follows:
Arnold Slutsky,103 S US HW	Y 1 F5-100, Jupiter F	FL 33477	
SHENGLI JIANG, Room 110	2, Building 17, No. 1	399 Dingxiang Road, Pudo	ng, Shanghai, P.R. China
Timothy Zahler, 260 Cottswol	d Drive, Delaware, C	Ohio 43015	
10. Attached is an original certificate of extended the jurisdiction under the law of which it is translation of the certificate under oath of the	organized. (A photocopy ne translator must be subm	is not acceptable. If the certificate itted.)	
11. Nature of business or purpose	s to be conducted or	promoted in Florida:	
Automotive Parts			,
	And I		
Signature o	f a member or an auth	horized representative of a solution of this document co	member.
	under the penalties of perjur	y that the facts stated herein are true	

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 Liabil	lity Company is:	
Synergyparts	LLC		7 s 20
If name unava	PILI 2009 JUN 25 SECRETARY TALLAHASSE		
2. The name a		t address of the registered agent and office are:	PH 3: 05 OF STATE E. FLORIDA
	Arnold Slutsky		_
		(Name)	
103 S US HWY 1 F5-100			
Florida Street Address (P.O. Box NOT ACCEPTABLE)			<u> </u>
	Jupiter	FL 33477	
		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)

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, SYNERGYPARTS LLC, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since May 13, 2009, and is in good standing in this state.

TO COLOR

Electronic Certificate
Certificate Number: C20090514-0245
You may verify this electronic certificate
online at http://www.nvsos.gov/

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on May 14, 2009.

ROSS MILLER Secretary of State