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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	ECT: Syneray Investment Services, LLC Name of Limited Liability Company	
The en	nclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida nce, and check are submitted to register the above referenced foreign limited liability company to transact bus	," Certificate of iness in Florida
Piease	return all correspondence concerning this matter to the following:	
	T-Aye Crow Name of Person	-
	Firm/Company	
	1433 N. Atlantic AUP, #328 Address	
	City/State and Zip Code Crowfage & 6 mail. com E-mail address: (to be used for future annual report notification)	15 HAR 20
For fur	rther information concerning this matter, please call:	
	FRYECYÓW at (386) 898-1680 Name of Contact Person Area Code Daytime Telephone Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
Enclo	osed is a check for the following amount: \$\Begin{align*} \Pi \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Syneray Investment Services (Name of Foreign Limited Liability Company; must include "Limited Liability Company)	mpany"" I C " or "I C "
, ,	
(If name unavailable, enter alternate dame adopted for the purpose of transacting business in Flori Liability Company," "L.L.C," or "LLC.")	ida. The alternate name must include "Limited
2. WAshington State (Jurisdiction under the law of which foreign limited liability company is organized) 3. 46-4	038480 ET number, if applicable)
4. (Date first transacted business in Florida, if prior to registra (See sections 605.0904 & 605.0905, F.S. to determine penalty	ition.) liability)
5. 211 E. International Speedway BI	Qui
Daytona Beach FL 3 2118 (Street Address of Principal Office)	المسمود التي التي التي التي التي التي التي التي
6. 1433 N. AHANTZ AVE #328	THE TANK THE
Daytona Beach, FC 32118 (Mailing Address)	75. 70
7. The name, title or capacity and address of the person(s) who has/have	authority to manage is/are:
FAye crow, Vice Plesiden	+, Secretary =
Georgia Leon, President	
Same as principal address.	
8. Attached is an original certificate of existence, no more than 90 days of having custody of records in the jurisdiction under the law of which it is acceptable. If the certificate is in a foreign language, a translation of the must be submitted)	organized. (A photocopy is not
Signature of an authorized person	
(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the am aware that any false information submitted in a document to the Department of State constitutes a third de	
Typed or printed name of signee	
Typed of printed name of signee	

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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 Investment Servi	res, LLC.
If unavailable, the alternate to be used in the state of Florida is:	
Synergy Deal Estate Florida	, LLC
2. The name and the Florida street address of the registered agent are	
Michael J. Durance	au, CPA.
Florida Street Address (P.O. Box NOT ACCEPT	WAY BIVD, Suite 240
Daytong BeachFL 321 City/State/Zip	15 MAR 20 TALLAHASI
Having been named as registered agent and to accept service of procediability company at the place designated in this certificate, I hereby a registered agent and agree to act in this capacity. I further agree to a statutes relating to the proper and complete performance of my duties accept the obligations of my position as registered agent as provided statutes.	ccept the appointment as omply with the provisions of all , and I am familiar with and
Mulal (Signature)	
\$ 100.00 Filing Fee for Applica \$ 25.00 Designation of Regist \$ 30.00 Certified Copy (option	ered Agent

\$ 5.00 Certificate of Status (optional)



Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION OF SYNERGY INVESTMENT SERVICES, LLC

1 FURTHER CERTIFY that the records on file in this office show that the above named Limited Liability Company was formed under the laws of the State of WA and was issued a Certificate Of Formation in Washington on 9/19/2013.

I FURTHER CERTIFY that as of the date of this certificate, SYNERGY INVESTMENT SERVICES, LLC remains active and has complied with the filing requirements of this office.

Date: February 12, 2015

UBI: 603-334-977

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State



CHARLE.