Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H160000101673)))



H160000101673ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BUSINESS FILINGS

Account Number : 105256001620

Phone Fax Number

: (608)827-5300 : (608)827-5501

**Enter the email address for this business entity to be used for future

annual report mailings. Enter only one email address please.**

Email Address:_

Foreign Limited Liability Company Synergy Consulting LLC

TO SECURE HEALTH CONTRACTOR OF THE PROPERTY OF THE PARTY	Sales and the Colonial Colonia
Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu

Help

1

4160000101673

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:

Synergy Consulting LLC	
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC." Regulatory Synorgy Consulting LLC)
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Company," "L.L.C," "LLC.")	of the writter Liability
Delaware 32-0471422 2. 3.	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
Upon Qualification 4.	بي
(Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 503,0905, F.S. to determine penalty liability)	6
521 Andria Ave #204, Hillshorough, New Jersey 08844 5.	主
	(A)
(Street Address of Principal Office)	可是
521 Andria Ave #204, Hillsborough, New Jersey 08844 6.	200 0
	国際
(Mailing Address)	
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/ar Member: Peggy Berry, 521 Andria Ave #204, Hillsborough, New Jersey 08844	e:
8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custod in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign land translation of the certificate under onth of the translator must be submitted.)	
(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.	
Peggy Berry Typed or printed name of signee	

H140000 101673

H140000101673

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 th	e Limited Liability C	ompany is:	
Synergy Consulting I	LC		alle dille de la company d
If unavailable, the	alternate to be used i	u the state of Florida is:	
Regulatory Synergy	Consulting LLC		
2. The name and	he Florida street add	ress of the registered ageut and office are:	HAC 98
	F	(Name)	是是为一个
58	365 Charlton Drive		FREE 34
Florida Street Address (P.O. Box NOT ACCEPTABLE)		- 3	
14	ikeland	33812 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 605, Florida Statutes.

\$ 100.00 Filing Fee for Application

25.00 Designation of Registered Agent

30.00 Certified Copy (optional)

5.00 Certificate of Status (optional)

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "SYNERGY CONSULTING LLC" IS DULY
FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD
STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS
OFFICE SHOW, AS OF THE TWELFTH DAY OF NOVEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

2016 JAN 22 AM 10: 34

5772769 8300 SR# 20150883081

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 10406545

Date: 11-12-15