(Req	uestor's Name)	
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(Add	ress)	<u>-</u> <u>-</u>
(City	/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nam	ne)
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Certified Copies	Certificates	of Status
Special Instructions to F	filing Officer:	
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K. SALY OCT 1 9 2016



August 9, 2016

STEVEN T SLATEM SYNERGINVEST, LLC 701 E NEW HAVEN AVE. #211 MELBOURNE, FL 32901

SUBJECT: SYNERGINVEST, LLC Ref. Number: W16000055041

We have received your document for SYNERGINVEST, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 516A00016746

COVER LETTER

	gistration Section vision of Corporation	18				
SUBJECT.	Synerginvest, LLC					
SUBJECT:			Limited Liability (Company		
The enclose Existence, a	d "Application by For nd check are submitte	eign Limited Liability Com d to register the above refe	npany for Authoriza renced foreign limi	ition to Tra ted liability	ansact Business in Florida," y company to transact busine	Certificate of ess in Florida
Please return	n all correspondence c	concerning this matter to the	e following:			
	Steven T. Slate	m				
	, <u> </u>	1	Name of Person			
	Synerginvest, L	LC				
		F	Firm/Company			
	701 E New Hav	ven Ave, #211				
			Address	- 		
	Melbourne, Flo	rida 32901				
		City/S	State and Zip Code			
	info@synerginve	est.com				
		E-mail address: (to be use	ed for future annual	report not	ification)	
For further i	nformation concerning	g this matter, please call:				
Ste	even T. Slatem		321 at (216-66		
	Name o	f Contact Person	Area Code	Day	time Telephone Number	
Div Reg P.C	AILING ADDRESS: vision of Corporations gistration Section D. Box 6327 tahassee, FL 32314			Division Registrati Clifton B 2661 Exe	ADDRESS: of Corporations ion Section uilding cutive Center Circle ee, FL 32301	
	a check for the follows \$125.00 Filing Fee	ing amount: \$\Bigsize \\$130.00 \text{ Filing Fee & Certificate of Status}\$	□ \$155.00 Filir Certified Copy	ig Fee &	☐ \$160.00 Filing Fee, Ce of Status & Certified Cop	

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:

name manuailable unter a	Itarusta nama adantad for the n	annaca of transporting	business in Florida. The alternate na	and an at the plant of the
nbility Company," "L.L.C,	" or "LLC.")	surpose of transacting	business in Florida, The alternate na	me musi include "Lir
Delaware		3. 81-22	25311	
urisdiction under the law company is organized)	of which foreign limited liabili	lity	(FEI number, if applicable	e)
	(Date first transacted l	business in Florida, it	prior to registration.)	
8 The Green, Suite A	(ce (100,0000, 1.15. 10 d	sermine pendity massificity	. 28
Dever, Delaware 1990				2016 OCT 19
De l'el, Delawale 1370		ess of Principal Office		- 20 4
701 E New Haven Ave		a maipur Gritter	,	(SE) 19
Melbourne, Florida 32				PR 1:45
Total 32		ailing Address)		- 100 -
Name and street address		_	annoutoble)	E 5
ivame and street address	ss of Florida registered agent	it: (P.O. Box <u>NO1</u>	acceptable)	₩.,
Name:	Name: Steven T. Slatem			
Office Address:	701 E New Haven Ave, #2	211		
	Melbourne		, Florida 32901	
ving been named as re	(Citotance: rgistered agent and to accep	ot service of process	, Florida 32901 (Zip code) for the above stated limited liab	— vility company at th
signated in this applica complywith the provisi cept the obligations of i The name, title or caps	(Citance: rgistered agent and to acception, I hereby accept the apons of all statutes relative to my position as registered agent	of service of process oppointment as regis of the proper and co gent. Kegistered agent's sig	(Zip code) for the above stated limited liab tered agent and agree to act in the mplete performance of my dutie nature) authority to manage is/are:	his capacity. I furti
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aving been named as resignated in this applica complywith the provision cept the obligations of the name, title or capa even T. Slatem, Manage	citance: registered agent and to acception, I hereby accept the appons of all statutes relative to my position as registered agent and address of the persect, 701 E New Haven Ave, # of existence, no more than 9 of which it is organized. (If	ot service of process oppointment as regis of the proper and congent. Registered agent's sig son(s) who has/have #211, Melbourne, F	(Zip code) for the above stated limited liab tered agent and agree to act in the mplete performance of my dutie nature) authority to manage is/are:	his capacity. I furthers, and I am familia
aving been named as resignated in this applica complywith the provision cept the obligations of the name, title or caps even T. Slatem, Manage Attached is a certificate is diction under the law	citance: registered agent and to acception, I hereby accept the appons of all statutes relative to my position as registered agent and address of the persect, 701 E New Haven Ave, # of existence, no more than 9 of which it is organized. (If a submitted)	ot service of process oppointment as regis of the proper and congent. Registered agent's sig son(s) who has/have #211, Melbourne, F	(Zip code) For the above stated limited liab tered agent and agree to act in the mplete performance of my dutie nature) authority to manage is/are: lorida 3290] Athenticated by the official having a foreign language, a translation of	his capacity. I furthers, and I am familia

Typed or printed name of signee

Steven T, Slatem

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SYNERGINVEST, 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 TWENTY-EIGHTH DAY OF SEPTEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SYNERGINVEST,
LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF MARCH, A.D. 2016.

2016 OCT 19 PK 1: 50



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SR# 20165675423

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

Jettery Ve Bustine - Specie are of State

Authentication: 202995205

Date: 09-28-16