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Florida Department of State
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : CAPITOL SERVICES, INC.
Account Number : I20160400017
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TALLAHASSEE, FLORIDA

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**Foreign Limited Liability Company
SYNTAX CAPITAL, LLC**

Certificate of Status	0
Certified Copy	.1
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SYNTAX CAPITAL, 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:

CHRISTINA T. RODRIGUEZ

Name of Person

C/O HAYNES AND BOONE, LLP

Firm/Company

2323 VICTORY AVENUE, SUITE 700

Address

DALLAS, TEXAS 75219

City/State and Zip Code

sandeep@syntaxresearch.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SANDEEP SHARMA

Name of Contact Person

at (561)

Area Code

400.4940

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

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

1. SYNTAX CAPITAL, LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")
2. DELAWARE
(Jurisdiction under the law of which foreign limited liability company is organized)
3. _____
(FBI number, if applicable)
4. _____
(Date first transacted business in Florida, if prior to registration.
(See sections 605.0904 & 605.0903, F.S. to determine penalty liability))
5. 150 EAST PALMETTO PARK ROAD, SUITE 410
(Street Address of Principal Office)
BOCA RATON, FLORIDA 33432
6. 150 EAST PALMETTO PARK ROAD, SUITE 410
(Mailing Address)
BOCA RATON, FLORIDA 33432

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: SANDEEP SHARMA

Office Address: 150 EAST PALMETTO PARK ROAD, SUITE 410

BOCA RATON, Florida 33432
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company as the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Sandeep Sharma
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
<u>MANAGER</u>	<u>SANDEEP SHARMA</u> <u>150 EAST PALMETTO PARK ROAD, SUITE 410</u> <u>BOCA RATON, FLORIDA 33432</u>		

Name and Address:

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(Use attachments if necessary)

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Sandeep Sharma
Signature of an authorized person

SANDEEP SHARMA
Typed or printed name of signatory

4824.8386.3898

Delaware

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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SYNTAX CAPITAL, 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 SEVENTEENTH DAY OF JANUARY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SYNTAX CAPITAL, LLC" WAS FORMED ON THE SEVENTEENTH DAY OF JANUARY, A.D. 2018.

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

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DELAWARE SECRETARY OF STATE
HARRISBURG, PENNSYLVANIA



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SR# 20180307793

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

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 201983930

Date: 01-17-18

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