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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| (Onyotate/Ziph Hone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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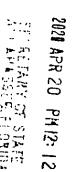
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APR 20 2020 M. SOLOMON

COVER LETTER

| | ration Section on of Corporations | | | | | | |
|--|---|--|---|--|--|--|--|
| SUBJECT: | SYNERGY | Name of Limited Liability Compa | PROJUCTS, LLC | | | | |
| The enclosed "A | Application by Foreign Limited | Liability Company for Authorization t | to Transact Business in Florida," Certificate of ability company to transact business in Florida. | | | | |
| Please return all | correspondence concerning thi | s matter to the following: | | | | | |
| | Elizabeth Whi | Name of Person | | | | | |
| | | Name of Person | | | | | |
| | | | | | | | |
| | | Firm/Company | | | | | |
| | _814 N Glenwa | Address | | | | | |
| | Clear Water | FI 33755 City/State and Zip Code | | | | | |
| E-mail address: (to be used for future annual report notification) | | | | | | | |
| For further info | rmation concerning this matter, | please call: | | | | | |
| | Elizabeth Mitte Name of Contact Per | at (727) | 2141 8287 Daytime Telephone Number | | | | |
| Regis Divis P.O. I | tration Section ion of Corporations Box 6327 massee, FL 32314 | Street Address: Registration Section Division of Corporation The Centre of Tall 2415 N. Monroe S Tallahassee, FL 32 | rations ahassee treet, Suite 810 | | | | |
| Please | 5.00 Filing Fee | amount: IDA DEPARTMENT OF STATE Filing Fee & S155.00 Filing Fertificate of Status Certified Co | | | | | |

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

| | ION 605.0902, FLORIDA STATUTEN, 1 SINENS IN THE STATE OF FLORIDA: | THE FOLLOWING L | S SUBMITTED TO REGISTER A FO | REIGN LIMITED LIABILITY |
|--|--|---|---|---------------------------|
| 1. SYNERG (Name of Foreign L | Y NEUECTUA inited Liability Company, must include | L PKO M Limited Liability Cor | npany,""L.A. C.," or "L.I.C.") | |
| (If name unavailable, enter alternate na | me adopted for the purpose of transacting busin | | | |
| 2. (Jurisdiction under the law of wh | ch toreign limited liability company is organize | 3 | 84 - 493 60 7 (FIII number, if apple | scable) |
| 4. 4-14- | (Date first transacted business in Florida, if (See sections 603,0904 & 603,0905, F.S. to | prior to registration) o determine penalty liabil | its) | |
| _ | en, suite A | 6 | (Marling Address) | |
| DOVER. | DE 19901 | _ | SAME | |
| 2 \ | | | | 202 |
| | of Florida registered agent: (P.C | | ptable) | APR 20 |
| Name: | ELIZABEITH W 814 N Hennos | HITTER | _ | $m_{\rm co} = m_{\rm co}$ |
| Office Address: | 814 Nictendos | id five | フつワ <i>ー ノ</i> | DE STARE OF STARE |
| | Clear Water | | Florida 33/55 (Zip code) | igv |
| Registered agent's accept | ance: | | | |

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 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.

(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| Title or Capacity: | Name and Address: | Title or Capacity | <u>:</u> | Name and Address: |
|--------------------|----------------------|-------------------|----------|--|
| □Manager | Name: STEVE L HAY ES | □Manager | Name: | <u>, </u> |
| ⊡Member | Address: Po Box 4929 | □Member | Address: | |
| □Authorized | Clearwater FL | □Authorized | | |
| Person | 33758 | Person | | |
| □Other | Other | □Other | | Other |
| □Manager | Name: | □Manager | Name: | |
| □Member | Address: | □Member | Address: | |
| □Authorized | | □Authorized | | |
| Person | | Person | | |
| □Other | Other | Other | | Other 2 |
| □Manager | Name: | □Manager | Name: | APR 20 |
| □Member | Address: | □Member | Address: | |
| □Authorized | | □Authorized | | والمحادث |
| Person | | Person | | |
| □Other | Other | □Other | | □Other |

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

- 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.

Signature of an authorized person

ELIZABETH WHITER

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "SYNERGY INTELLECTUAL PRODUCTS, 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 TWENTIETH DAY OF APRIL, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SYNERGY

INTELLECTUAL PRODUCTS, LLC" WAS FORMED ON THE SECOND DAY OF MARCH,

A.D. 2020.

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

Authentication: 202791629

Date: 04-20-20



March 26, 2020

ELIZABETH WHITTER 814 N GLENWOOD AVE CLEARWATER, FL 33755

SUBJECT: SYNERGY INTELLECTUAL PRODUCTS, LLC

Ref. Number: W20000032698

We have received your document for SYNERGY INTELLECTUAL PRODUCTS, LLC and check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The application submitted was for a Foreign Name Registration. You are a Florida company. If you are trying to register for a Florida company, please go to http://www.sunbiz.org

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Mel Solomon Regulatory Specialist II Supervisor Letter Number: 220A00006681

Madred is pagaermorts for Deleavare in this RECEIVED apro.

APR 0 8 2020 Can you fri il (50 il is a FI foreign

Co?

Thank Thoules, Liz Whitell

www.sunbiz.org



April 8, 2020

ELIZABETH WHITTER 814 N GLENWOOD AVE CLEARWATER, FL 33755

SUBJECT: SYNERGY INTELLECTUAL PRODUCTS, LLC

Ref. Number: W20000032698

We have received your document for SYNERGY INTELLECTUAL PRODUCTS, LLC and check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$72.50.

As per your response, we are enclosing the Foreign Limited Liability f for your completion. There is an additional fee of \$72.50, to file the Foreign Limited Liability Company.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Mel Solomon Regulatory Specialist II Supervisor

Letter Number: 520A00007549

Thomas flot. is slope sood well.
Sland

www.sunbiz.org

April 17, 2020

ELIZABETH WHITTER 814 N GLENWOOD AVE CLEARWATER, FL 33755

SUBJECT: SYNERGY INTELLECTUAL PRODUCTS, LLC

Ref. Number: W20000032698

We have received your document for SYNERGY INTELLECTUAL PRODUCTS, LLC. However, the enclosed document has not been filed and is being returned to you for the following reason(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.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 920A00008132

Mel Solomon Regulatory Specialist II Supervisor

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