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4/24/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Syzygy Management, 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:

Sarah Heuer-Santos

Name of Person

Firm/Company

1190 Pleasant Valley Dr.

Address

Oneida, WI 54155

City/State and Zip Code

sarahbheuer@aol.com

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

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For further information concerning this matter, please call:

Olivia Cysewski

800

2453

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$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 605.09(4), FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

1. Syzygy Management, LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "LLP.")

(If name available, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLP.")

2. Alaska

(Jurisdiction under the law of which foreign limited liability company is organized)

3. (FEI number, if applicable)

4.

(Main time transacted business in Florida, if prior to registration.)
(See sections 605.09(4) & 605.09(5), F.S. to determine penalty (addition).)

505 Old Steese Hwy Ste 122

(Street Address of Principal Office)

Fairbanks, AK 99701

1190 Pleasant Valley Dr.

6. (Mailing Address)

Oneida, WI 54155

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

Name: URS Agents, LLC

Office Address: 3458 Lakeshore Drive

Tallahassee

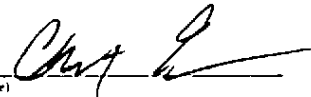
(City)

Florida 32312

(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 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.

URS Agents, LLC by: 
(Registered agent's signature)

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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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Sarah Heuer-Santos</u>	<input type="checkbox"/> Manager	Name: <u>Alexander Santos</u>
<input checked="" type="checkbox"/> Member	Address: <u>1190 Pleasant Valley Dr.</u>	<input checked="" type="checkbox"/> Member	Address: <u>1190 Pleasant Valley Dr.</u>
<input checked="" type="checkbox"/> Authorized	<u>Oneida, WI 54155</u>	<input checked="" type="checkbox"/> Authorized	<u>Oneida, WI 54155</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: _____	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: _____	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

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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.

Sarah Heuer-Santos
Signature of an authorized person

Sarah Heuer-Santos

Typed or printed name of signer

Alaska Entity #10083829

State of Alaska
Department of Commerce, Community, and Economic Development
Corporations, Business, and Professional Licensing

Certificate of Compliance

The undersigned, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, and custodian of corporation records for said state, hereby issues a Certificate of Compliance for:

Syzygy Management, LLC

This entity was formed on May 7, 2018 and is in good standing. This entity has filed all biennial reports and fees due at this time.

No information is available in this office on the financial condition, business activity or practices of this corporation.



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective March 19, 2021.

A handwritten signature in cursive script, appearing to read "Julie Anderson".

Julie Anderson
Commissioner

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JULIAH SCOTT, FI