

M21 000008162

6/25/2021

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

(((H21000250201 3)))



H210002502013ABCN

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 : JONES FOSTER P.A.
Account Number : 076077003231
Phone : (561)650-0471
Fax Number : (561)650-5300

****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
CYNTEREZ, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

RECEIVED

2021 JUN 25 PM 4:20

2021 JUN 25 PM 4:40
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

H210002502013

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDAIN 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 FLORIDA1. CYNTEREZ, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name 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. N/A
(Tax number, if applicable)4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)5. 13224 MARCELLA BOULEVARD
(Street address of principal office)6. 13224 MARCELLA BOULEVARD
(Mailing Address)LOXAHATCHEE, FL 33470LOXAHATCHEE, FL 334707. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)Name: JONES FOSTER SERVICE, LLCOffice Address: 505 SOUTH FLAGLER DRIVE, SUITE 1100WEST PALM BEACH, Florida 33401
(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 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.

[Signature] Manager
(Required agent's signature)

H210002502013

H210002502013

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>
☒ Manager	Name:	VICTOR T. ZABIK	☐ Manager	Name:	
☐ Member	Address:		☐ Member	Address:	
☐ Authorized		13224 MARCELLA BOULEVARD	☐ Authorized		
Person		LOXAHATCHER, FL 33470	Person		
☐ Other		☐ Other	☐ Other		☐ Other
☐ Manager	Name:		☐ Manager	Name:	
☐ Member	Address:		☐ Member	Address:	
☐ Authorized			☐ Authorized		
Person			Person		
☐ Other		☐ Other	☐ Other		☐ Other
☐ Manager	Name:		☐ Manager	Name:	
☐ Member	Address:		☐ Member	Address:	
☐ Authorized			☐ Authorized		
Person			Person		
☐ Other		☐ Other	☐ Other		☐ Other

Important Notice: Use an attachment to report more than six (6). The attachment will be indexed 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.

Victor T. Zabik
Signature of an authorized person
VICTOR T. ZABIK, MANAGER
Typed or printed name of signer

H210002502013

H21000250201 3

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CYNTEREZ, 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-FIFTH DAY OF JUNE, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CYNTEREZ, LLC" WAS FORMED ON THE SEVENTH DAY OF MAY, A.D. 2020.

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



7961757 8300

SR# 20212553906

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

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

Authentication: 203538624

Date: 06-25-21

H21000250201 3