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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

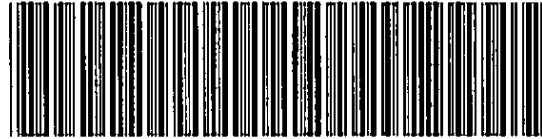
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 MAY -4 PM 6:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SYNERGY INFRASTRUCTURE HOLDINGS, 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:

SCOTT MCPHAIL

Name of Person

SYNERGY INFRASTRUCTURE HOLDINGS, LLC

Firm/Company

3660 ERINDALE DR

Address

VALRICO, FL 33596

City/State and Zip Code

smcphail@synergycquip.com

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

For further information concerning this matter, please call:

SCOTT MCPHAIL

813

530-4742

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

1. SYNERGY INFRASTRUCTURE HOLDINGS, 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.")

DELAWARE

87-3876049

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

3. (FEI 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)

251 LITTLE FALLS DRIVE

3660 ERINDALE DR

5. (Street Address of Principal Office)

6. (Mailing Address)

WILMINGTON, DE 19808

VALRICO, FL 33596

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

Name: MAS, JUAN CARLOS

Office Address: 2990 PONCE DE LEON BLVD, STE 500

CORAL GABLES

(City)

Florida

33134

(Zip code)

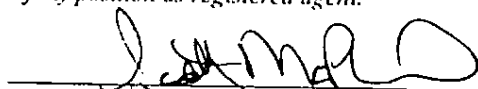
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 MAY -4 PM 6:13

FILED

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.



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:
☒ Manager Name: FLORIDA BC HOLDINGS, LLC
☒ Member Address: 2990 PONCE DE LEON BLVD
☐ Authorized STE 500
Person CORAL, GABLES FL 33134
☐ Other ☐ Other

☐ Manager Name: SCOTT MCPHAIL
☐ Member Address: 3660 ERINDALE DR
☒ Authorized VALRICO, FL33596
Person
☐ Other ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other ☐ Other

Title or Capacity: Name and Address:
☐ Manager Name: JUAN CARLOS MAS
☒ Member Address: 990 PONCE DE LEON BLVD
☐ Authorized STE 500
Person CORAL, GABLES FL 33134
☐ Other ☐ Other

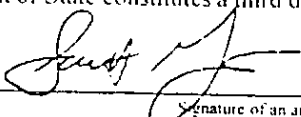
☒ Manager Name: AVANCE
☒ Member Address: 990 PONCE DE LEON BLVD
☐ Authorized CORAL, GABLES FL 33134
Person
☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ 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.17.155, F.S.



Signature of an authorized person

Scott Guenther

Typed or printed name of signee

FILED
2022 MAY -4 PM 6:13
CLERK OF THE
SOLICITOR GENERAL
FLORIDA

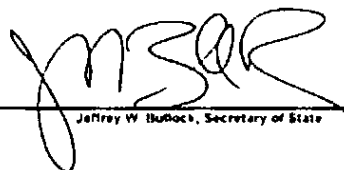
Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE CERTIFICATE OF FORMATION OF "SYNERGY INFRASTRUCTURE
HOLDINGS, LLC", FILED IN THIS OFFICE ON THE SIXTH DAY OF
DECEMBER, A.D. 2021, AT 2:22 O'CLOCK P.M.




Jeffrey W. Bullock, Secretary of State

6448109 8100
SR# 20213985756

Authentication: 204886226
Date: 12-07-21