

PO7000128977

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

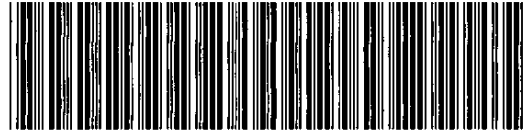
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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RECEIVED  
07 DEC -4 AM 9:59  
STATE DEPARTMENT OF REVENUE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

07 DEC -4 AM 9:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
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**ECFS**

(PRESS CORPORATE FILING SERVICE, INC  
1000 PONCE DE LEON BLVD., STE: 101  
CORAL GABLES, FL 33134  
PH: (305)444-4994 FAX: (305)444-4977

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

- 1. Synergy Consultants Group, Inc.  
(Corporation Name) (Document #)
- 2. \_\_\_\_\_  
(Corporation Name) (Document #)
- 3. \_\_\_\_\_  
(Corporation Name) (Document #)
- 4. \_\_\_\_\_  
(Corporation Name) (Document #)

- Walk in  Pick-up time  Certified Copy
- Mail out  Will wait  Photocopy  Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be:

SYNERGY CONSULTANTS GROUP, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

7928 WEST DRIVE  
APT # 902  
NORTH BAY VILLAGE, FL 33141

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is:

100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

ARTHUR NOGUERA - PRESIDENT  
7928 WEST DRIVE  
APT # 902  
NORTH BAY VILLAGE, FL 33141

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

ARTHUR NOGUERA  
7928 WEST DRIVE  
APT # 902  
NORTH BAY VILLAGE, FL 33141

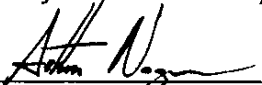
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

ARTHUR NOGUERA  
7928 WEST DRIVE  
APT # 902  
NORTH BAY VILLAGE, FL 33141

\*\*\*\*\*

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*



Signature/Registered Agent

12-3-2007

Date



Signature/Incorporator

12-3-2007

Date

APPROVED  
AND  
FILED  
07 DEC - 4 AM 9:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA