

PI4000037627

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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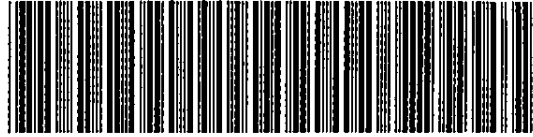
(Business Entity Name)

(Document Number)

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04/25/14--01012--015 **78.75

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14 APR 25 PM 12:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4/29/14

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Synergy Retirement Consultants, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Jorge E Gonzalez

Name (Printed or typed)

1961 W 150 Ave, STE 202

Address

Pembroke Pines, FL 33028

City, State & Zip

954-392-9797

Daytime Telephone number

Jorge@SynergyCFP.com

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

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TALLAHASSEE, FLORIDA

NOTE: Please provide the original and one copy of the articles.

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 Retirement Consultants, Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal street address

1961 NW 150 Ave

STE 202

Pembroke Pines, FL 33028

Mailing address, if different from principal office address: SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Insurance Agency, Retirement Consulting

ARTICLE IV SHARES

The number of shares of stock is: 1000000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jorge E. Gonzalez, Pres

Address: 1961 NW 150 Ave

STE 202

Pembroke Pines, FL 33028

Name and Title: Michael A. Entenza, VP

Address: 1961 NW 150 Ave

STE 202

Pembroke Pines, FL 33028

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

(conti.)

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Jorge E Gonzalez
Address: 1961 NW 150 Ave, STE 202
Pembroke Pines, FL 33028

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Jorge E. Gonzalez
Address: 1961 NW 150 Ave, STE 202
Pembroke Pines, FL 33028

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

Required Signature/Registered Agent

04/16/2014

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

Required Signature/Incorporator

04/16/2014

Date

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