

P14000102557

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

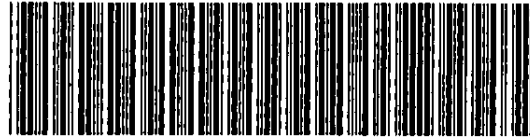
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only

W 14-72176



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11/26/14--01012--012 \*\*78.75

FILED  
14 DEC 19 PM 12:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 1/1/15

DEC 31 2014

S. GILBERT



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
14 DEC 19 AM 9:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

December 3, 2014

ANTHONY T. CANALE  
10202 FALLSGROVE STREET  
ORLANDO, FL 32836

SUBJECT: SYNERGY CONTRACT FLOORING, INC.  
Ref. Number: W14000072176

We have received your document for SYNERGY CONTRACT FLOORING, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Sylvia Gilbert  
Regulatory Specialist II  
New Filing Section

Letter Number: 814A00025488

**COVER LETTER**

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

**SUBJECT: Synergy Contract Flooring, 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 Filing Fee  
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy  
 \$87.50 Filing Fee, Certified Copy & Certificate of Status  
**ADDITIONAL COPY REQUIRED**

**FROM: Anthony T. Canale**

Name (Printed or typed)

**10202 Fallsgrove Street**

Address

**Orlando, Florida 32836**

City, State & Zip

**407-448-3016**

Daytime Telephone number

**canale0525@gmail.com**

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

*EFFECTIVE DATE 1/1/15*

**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)

FILED

**ARTICLE I NAME**

The name of the corporation shall be:

Synergy Contract Flooring, Inc.

14 DEC 19 PM 12:56

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

10202 Fallsgrove Street  
Orlando, Florida 32836

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Furnish and install flooring materials etc...

**ARTICLE IV SHARES**

The number of shares of stock is:

100

EFFECTIVE DATE

1/1/15

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

Name and Title:

Anthony T. Canale; Owner

Name and Title:

Address

10202 Fallsgrove Street

Address:

Orlando, Florida 32836

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

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:

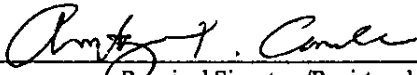
Name: Anthony T. Canale  
Address: 10202 Fallsgrrove Street  
Orlando, Florida 32836

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Anthony T. Canale  
Address: 10202 Fallsgrrove Street  
Orlando, Florida 32836

*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

11/21/2014  
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

11/21/2014  
Date