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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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01/14/15

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: SYNERGY DIGITAL INC
Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

ROBERT GLAZER

Contact Person

Firm/Company

10643 HILLTOP MEADOW POINT

Address

BOYNTON BEACH FL 33473

City, State and Zip Code

robandeg1@aol.com

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

For further information concerning this matter, please call:

ROBERT GLAZER

Name of Contact Person

at (904) 815-0086

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$105.00 Filing Fees

☐ \$113.75 Filing Fees
and Certificate of
Status

☐ \$113.75 Filing Fees
and Certified Copy

☒ \$222.50 Filing Fees,
Certified Copy, and
Certificate of Status

STREET ADDRESS:

New Filings Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filings Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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 DIGITAL INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Principal street address Mailing address, if different is:

10643 HILLTOP MEADOW PT
BOYNTON BEACH FL
33473

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To Supply Marketing Material to
business industry.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ROB GLAZER, PRESIDENT Name and Title: _____

Address: 10643 Hilltop Meadow Pt Address: _____
Boynton Beach, FL 33473

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: ROBERT GLAZER
Address: 10643 Hilltop Meadow Pt.
Boynton Beach FL 33473

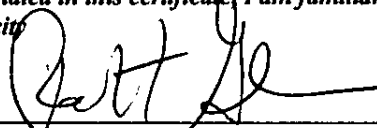
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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

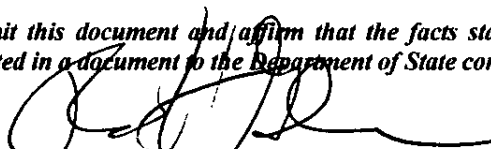
Name: ROBERT GLAZER
Address: 10643 HILLOP MEADOW POINT
BOYNTON BEACH FL 33473

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

1-6-15
Date

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


Required Signature/Incorporator

1-6-15
Date

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