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(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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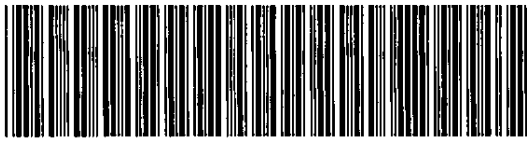

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16 AUG -8 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TH
8/22/16

COVER LETTER

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

SUBJECT: Synergy Consulting & Construction, 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: Christian Garcia
Name (Printed or typed)

901 W Banfill Ave.
Address

Bonifay, FL 32425
City, State & Zip

801.641.0664
Daytime Telephone number

christiangarcia86@icloud.com
E-mail address: (to be used for future annual report notification)

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 Consulting & Construction, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address	Mailing address, if different is:
902 McGee Rd.	
Bonifay, FL 32425	

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: to perform consulting and construction services.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	Christian Garcia - President	Name and Title:	
Address	901 W Banfill Ave.	Address:	
	Bonifay, FL 32425		
Name and Title:		Name and Title:	
Address		Address:	
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: Christian Garcia

Address: 901 W Banfill Ave.

Bonifay, FL 32425

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE VII INCORPORATOR

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

Name: Christian Garcia

Address: 901 W Banfill Ave.

Bonifay, FL 32425

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 8/01/2016. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

_____ 8/1/16

Required Signature/Registered Agent 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.

_____ 8/1/16

Required Signature/Incorporator Date