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Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations Fax Number : (850)617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC. Account Number : 075350000353 Phone : (800)221-2972 Fax Number : (888)692-9256

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FLORIDA PROFIT/NON PROFIT CORPORATION SYNAPSE RESEARCH SYSTEM CORP

Certificate of Status	0
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	<u>CIPAL OFFICE</u>	
	Principal street address	Mailing address, if differ
SILVERSMITE	i CIR	15057 SILVERSMITH CIR
NG HILL, FL 34		SPRING HILL, FL 34609
CLEIII PURP		SITE/SOFTWARE DEVELOPMENT
rpose for which	the corporation is organized is:	
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ARTICLE VI REGISTERED AGENI

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

DIEGO OROFINO Name: 15057 SILVERSMITH CIR Address: SPRING HILL, FL 34609

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name:	DIEGO OROFINO	
Address:	15057 SILVERSMITH CIR	
	SPRING HILL, FL 34609	

<u>ARTICLE VIII EFFECTIVE DATE:</u> Effective date, if other than the date of filing:

. (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

Koguired Signature/Registered Agen:

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I submb this document and uffirm 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 \$817.155, F.S.

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Division of Corporations To:

Company: Fax: 18506176381 Phone:

From:

⊢ax:	
Phone:	
E-mail:	Ann.Smith@gmlaw.com

NOTES:

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