

P20000069010

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

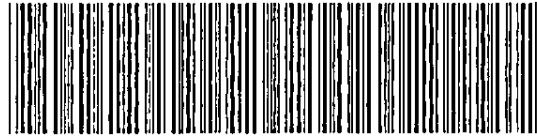
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer.

Office Use Only



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09/09/20--01001--017 \*\*70.00

SEP 1 2 17 2020  
2020 SEP -8 PM 2:59

2020 SEP -8 AM 9:14  
SECRETARY OF STATE  
TALLAHASSEE, FL

SEP

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

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(OFFICE USE ONLY)

**Business Name & Document Number, (if known):**

1. Syneffex Inc.

**Name**

**Document Number (if known)**

☒ Walk in

       Will wait

       Certified Copy of:

       Certificate of Status

**NEW FILINGS**

       Profit  
       Not for Profit  
       Limited Liability  
       Domestication  
  X   INC

**AMENDMENTS**

       Amendment  
       Resignation of R.A. Officer/Director  
       Change of Registered Agent  
       Dissolution/Withdrawal  
       Merger

**OTHER FILINGS**

       Annual Report  
       Fictitious Name  
       APOSTIL

        
**COUNTRY**

**REGISTRATION/QUALIFICATIONS**

       Foreign  
       Limited Partnership  
       Reinstatement  
       Trademark  
       Other

**EXAMINER'S INITIALS:**

## COVER LETTER

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

**SUBJECT:** Syneffax 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** G Stuart Burchill  
Name (Printed or typed)

1415 Panther Lane, Suite 397  
Address

Naples, FL 34109  
City, State & Zip

888-650-3738  
Daytime Telephone number

otherdocsforus@gmail.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: Syneffex Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1415 Panther Lane, Suite 397

1415 Panther Lane, Suite 397

Naples, FL 34109

Naples, FL 34109

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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TALLAHASSEE, FL

FILED

**ARTICLE IV SHARES**

The number of shares of stock is: 5,000

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

Name and Title: G Stuart Burchill / President Name and Title: G Stuart Burchill / Director

Address 1415 Panther Lane, Suite 397 Address: 1415 Panther Lane, Suite 397

Naples, FL 34109 Naples, FL 34109

Name and Title: G Stuart Burchill / Chairman Name and Title: \_\_\_\_\_

Address 1415 Panther Lane, Suite 397 Address: \_\_\_\_\_

Naples, FL 34109 \_\_\_\_\_

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: Corporation Service Company

Address: 1201 Hays Street

Tallahassee, FL 32301

**ARTICLE VII INCORPORATOR**

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

Name: G Stuart Burchill

Address: 1415 Panther Lane, Suite 397

Naples, FL 34109

**ARTICLE VIII EFFECTIVE DATE:**

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 days prior or 90 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*

Cica M. Waniawati

Required Signature/Registered Agent

9/8/2020

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.*

G Stuart Burchill

Required Signature/Incorporator

9/8/2020

Date

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SECRETARY OF STATE  
TALLAHASSEE, FL