

P21000030016

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

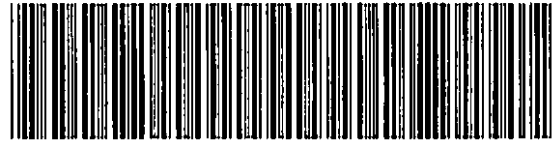
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000359586850

02/05/21--01018--004 \*\*137.50

FILED  
21 APR - 1 AM 10:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

411621

W21-33167



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 11, 2021

RIMMA TROYANSKY  
43 RIVERBEND DRIVE  
PALM COAST, FL 32137

SUBJECT: NATURAL SYNERGIES, INC  
Ref. Number: W21000033167

FILED  
21 APR -1 AM 10:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for NATURAL SYNERGIES, INC and your check(s) totaling \$137.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P20000032554.

Please return 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.

DANIEL L O'KEEFE  
Regulatory Specialist II

Letter Number: 021A00005192

COVER LETTER

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

RE: Ref. # W/21000033167

SUBJECT: NATURAL SYNERGIES, INC - DOMESTICATION IN FLORIDA

Enclosed is an original and one (1) copy of the Articles of Domestication and a check:

FEES:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total filing fee	\$128.75

paid)

OPTIONAL:

Certificate of Status	\$ 8.75
-----------------------	---------

From: Rimma Troyansky

Name (printed or typed)

43 Riverbend Drive

Address

Palm Coast, FL 32137

City, State & Zip

847-477-0953

Daytime Telephone Number

rimma.troyansky@naturalsynergies.com

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

Articles of Domestication  
Foreign Corporation Domesticating to Florida

The undersigned, Rimma Troyansky Secretary  
(Name) (Title)

of NATURAL SYNERGIES, INC., a foreign  
corporation, in accordance with s. 607.11922, Florida Statutes, submit these Articles of  
Domestication.

1. Then name of the domesticating corporation is NATURAL SYNERGIES, INC.  
(Foreign Corporation)

(in Illinois)

2. The jurisdiction and date of its formation is Illinois, Sept. 21, 2007

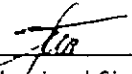
3. The name of the domesticated corporation is NATURAL SYNERGIES CONSULTING

4. The jurisdiction of formation of the domesticated corporation is Florida

5. The domestication corporation is a foreign corporation and the domestication was  
approved in accordance with its organic law.

6. Attached are Florida Articles of Incorporation to complete the domestication  
requirements pursuant to s.607.0202, F.S.

I certify I am authorized to sign these Articles of Domestication on behalf of the corporation.

  
(Authorized Signature)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

21 APR - 1 AM 11:23

--FILED

**ARTICLES OF INCORPORATION**  
IN COMPLIANCE WITH CHAPTER 607, F.S.

**ARTICLE I NAME**

THE NAME OF THE CORPORATION SHALL BE:

NATURAL SYNERGIES CONSULTING, Inc.

**ARTICLE II PRINCIPAL OFFICE**

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS:

Principal Address

43 Riverbend Drive

Palm Coast, FL 32137

Mailing Address

43 Riverbend Drive

Palm Coast, FL 32137

**ARTICLE III PURPOSE**

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

Providing Information Technology Consulting Services

**ARTICLE IV SHARES**

THE NUMBER OF SHARES OF STOCK IS: 200

**ARTICLE VI REGISTERED AGENT AND STREET ADDRESS**

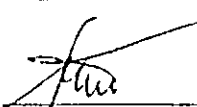
THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

Rimma Troyansky

43 Riverbend Dr.

Palm Coast, FL 32137

HAVING BEEN NAMED AS REGISTERED AGENT AND 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.

  
\_\_\_\_\_  
Signature/Registered Agent

04/01/2021  
Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

21 APR - 1 AM 11:23

FILED

**ARTICLE V DIRECTORS AND/OR OFFICERS**

*THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:*

Name & Title: OLEG TROYANSKY, President  
Address: 43 Riverbend Dr.  
Palm Coast., FL 32137

Name & Title: RIMMA TROYANSKY, Secretary  
Address: 43 Riverbend Dr.  
Palm Coast., FL 32137

Name & Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name & Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name & Title: \_\_\_\_\_  
Address: \_\_\_\_\_


Name & Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name & Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name & Title: \_\_\_\_\_  
Address: \_\_\_\_\_

FILED  
21 APR - 1 AM 11:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

  
Signature/Authorized Person

04/01/2021  
Date