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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : RICHARDS & PARTNERS, P.A.

Account Number : I20110000091 Phone : (305)858-9900 Fax Number : (305)285-0015

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## FLORIDA PROFIT/NON PROFIT CORPORATION SYNERGIST HOLDING CORP

Certificate of Status	0
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## **COVER LETTER**

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

SUBJECT:	SYNERGIST HOLDING CORP				
JUDIECI.	(PROPOSED CORPORA	TE NAME – MUST INCL	UDE SUFFIX)		
Enclosed are an orig	ginal and one (1) copy of the art	ticles of incorporation and	d a check for:	·	
□ \$70.00 Filing Fcc	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate Status	of	
		ADDITIONAL CO	PY REQUIRED		
FROM:	RICHARDS & PARTNERS, P.A.  Name (Printed or typed)		<i>;</i>	2021 APR 22	<u> </u>
	2665 SOUTH BAYSHORE DRIVE, SUITE 703				
	Address  MIAMI, FLORIDA 33133  City, State & Zip  305-8589900				
	Daytime Telephone number		<del> </del>		
	ediaz@richards-law.com				
<del></del>	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)

<u>ARTICLE I NAME</u>	SYNERGIST I	HOLDING COR	₹₽
The name of the corporation	on shall be:		<del></del>
ARTICLE II PRINCI	PAL OFFICE		
P	rincipal street address		Mailing address, if different is:
2665 SOUTH BAYSHO	RE DRIVE, SUITE 703		OUTH BAYSHORE DRIVE, SUITE 703
MIAMI, FLORIDA, 3313	<u> </u>	<u>MIAMI</u>	I, FLORIDA, 33133
	· · · · · · · · · · · · · · · · · · ·		·
ARTICLE III PURPOS	SE.		
The purpose for which the	c corporation is organized is:		2
ANY AND ALL LAW	FUL BUSINESS		₹ 321
			70 11
		•	71 <b>7</b>
	<del></del>		5 2 1
		•	> ''
	· <del>-</del> · · · · · · · · · · · · · · · · · · ·		<del></del>
			_
Name and Title:	JUAN ISOLA, PRESIDENT & DIRECTO	R _ Name and Tit	tle: FERNAN RODRIGUEZ, DIRECTOR
2665 Address _	SOUTH BAYSHORE DRIVE, SUITE 70	3 Addr <b>es</b> s:	2665 SOUTH BAYSHORE DRIVE, SUITE 7
-	MIAMI, FLORIDA, 33133	_	MIAMI, FLORIDA, 33133
_		-	
-		_	<u> </u>
Name and Title:_	<u> </u>	Name and Tit	
Address		Address:	
		_ Addiess.	<del></del>
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•			
Mores and Title		N1 1 min	
Hanne and Title:		_ Name and lit	ue:
Address		Address:	
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-			
_		•	

Name and Title:		Name and Title:			
Address		Address:	<u></u>		
	<del></del>				
	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable) o	. Ethe positored agent is:			
Name:	WORLD CORPORATE SERVICES INC		200		
Address:	2665 SOUTH BAYSHORE DRIVE, SUITE 7	703	191 APR 22		
	MIAMI, FLORIDA 33133		ν Σ		
ARTICLE VII	INCORPORATOR				
The name and a	ddress of the Incorporator is:				
Name:	WORLD CORPORATE SERVICES INC		<b>\</b>		
Address:	2665 SOUTH BAYSHORE DRIVE, SUITE 7	703			
	MIAMI, FLORIDA 33133	<u> </u>			
Effective date, if	EFFECTIVE DATE:  fother than the date of filing:  date is listed, the date must be specific and cann	(OPTIONAL)			
filing.)	uste is fisted, the date must be specific and cann	lot be more than live days prior or 90 days an	er the		
Note: If the date the document's o	e inserted in this block does not meet the applicable flective date on the Department of State's records.	e statutory filing requirements, this date will not	be listed as		
Having been nar certificate, I am	ned as registered agent to accept service of process j familiar with and accept the appointment as registe	for the above stated corporation at the place designered agent and agree to act in this capacity	nated in this		
		4/22/	2021		
	Required Signature/Registered Agent Gwendolon Richard S	Date			
I submit this document to the	current and affirm that the facts stated herein are Department of State constitutes a third degree felor	e true. I am aware that the false information su ny as provided for in s.817.155, F.S.	bmitted in a		
	5	4/22/2	021		
Required Signan	Guendolyn Richard	D. + /			