

P23000072437
Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : GM FINANCIAL GROUP LIMITED, INC.
Account Number : I19980000102
Phone : (954)428-8899
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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
SYNERGY DIAGNOSTICS INC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

RECEIVED

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DIVISION OF CORPORATIONS
HALL COUNTY
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October 6, 2023

FLORIDA DEPARTMENT OF STATE

Division of Corporations
GM FINANCIAL GROUP LIMITED, INC.SUBJECT: SYNERGY DIAGNOSTICS INC
REF: W23000137044

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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If you have any questions concerning the filing of your document, please call (850) 245-6052.

Genesis R Kersey
Regulatory Specialist IIFAX Aud. #: H23000349775
Letter Number: 323A00023161

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: SYNERGY DIAGNOSTICS INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

611 E. ATLANTIC BLVDPOMPANO BEACH, FL 33060**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: MEDICAL DIAGNOSTIC**ARTICLE IV SHARES**The number of shares of stock is: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: ROSS PINE, PRES

Name and Title: _____

Address 611 E ATLANTIC BLVD

Address: _____

POMPANO BEACH, FL 33060

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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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: _____ ROSS PINE _____
Address: _____ 611 E ATLANTIC BLVD _____
_____ POMPAÑO BEACH, FL 33060 _____

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: _____ ROSS PINE _____
Address: _____ 611 E ATLANTIC BLVD _____
_____ POMPAÑO BEACH, FL 33060 _____

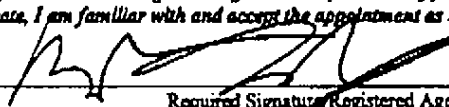
ARTICLE VIII EFFECTIVE DATE:

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

✓ 

Required Signature/Registered Agent

10/5/23

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.



Required Signature/Incorporator

10/5/23

Date

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