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TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 300002343863--0 -11/10/97--01193--004 ******78.75 ******78.75

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SUBJECT:	SYNERGIST		IONS, IN	٥.
(Proposed corporate name - must include suffix)				
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	(Froposed Corporate name - must include surviv)			
Enclosed is an original and one(1) copy of the articles of incorporation and a check for :				
□ # 7 0.00	VI 000 05	Detec 50		
☐ \$70.00 Filing Fee	\$78.75 Filing Fee	□\$122.50 Filing Fee	☐ \$131.25 Filing Fee,	
	& Certificate	& Certified Copy	Certified Copy	
			& Certificate	
		ADDITIONAL COPY REQUIRED		
FROM: JULIE A. KENDER				
FROM: _	Name (Printed or typed)			
	_	_		
-	249Z DEL RID WAY			
	А	ddress	•	
DUNEDIN, FL 34698				
DUNEDIN, FL 34698 City, State & Zip				
-	813 - 736 - 974 Post of the			
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NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I

The name of the corporation shall be:

SYNERGISTIC SOLUTIONS, INC.

PRINCIPAL OFFICE ARTICLE II

The principal place of business and mailing address of this corporation shall be:

DEL RID WAY, DUNEDIN, FL 34698

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 SHARES OF COMMON STOCK AT #1

The name and Florida street address of the initial registered agent are:

JULIE A. KENDER 249Z DEL RIOWAY DUNDOIN, FL 34698

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

JULIE A. KENDER

2492 DEL RID WAY

DUNEDIN, FL 34692

Signature/Incorporator

Nov 4, 199

(An additional article must be added if an effective date is requested.)

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 hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Signature/Registered Agent