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

600002604876---3 -07/31/98--01115--003 ******78.75 ******78.75

SUBJECT:	SYN	WERGY CORPORATE CONSULTANTS, TNC. (Proposed corporate name - must include suffix)					
		nd one(1) copy of the articl			7		
☐ \$70.00 Filing Fee		₩ \$78.75 Filing Fee & Certificate	☐\$122.50 Filing Fee & Certified Copy	□ \$131.25 Filing Fee, Certified Copy & Certificate			
			ADDITIONAL CO	PY REQUIRED			
	FROM: _	RICHARD Name (I	L. PARKE Printed or typed)				
	-	9806 ARBOR	OAKS LANE Address	SUITE 101			
	-	BOLA RATE	N, FL, 334, State & Zip	128 Ps	38 86		
Sub la	-	561- 2 Daylime	18-2941 Telephone number	LAHASSEE, FLO	LE IT ED		

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 NA	ME .				
The name of the corpor	ration shall be:	YNERGY	CORPORATE	CONSULTA	NTS, IK.
		,			
					7 98 7 98
	<u> UNCIPAL OFFIC</u>			•	
The principal place of l			corporation shall b	e:	E W
980	6 ARBOR OF	aks Lane			L31 M 9:09
500 B00	TE 101 CA RATON F	1 33470			河岛 主
ARTICLE III S	SHARES	- 22728			F STI
The number of shares of	of stock that this con	rporation is autho	rized to have outst	anding at any or	ne time is
	100				P
			•		
ARTICLE IV IN	NITIAL REGISTI	ERED AGENT	AND STREET	ADDRESS	
The name and Florida					
	RICHARD L.	PARKE			
	9806 ARBO				
	BOLA RATOR CORPORATOR	U, FL 334.	z <i>8</i>		
The <u>name and addres</u>		or to these Article 20 L. PARE		aic.	
		ARBON OA			
	7806 / SUITE		es co		
		RATON, FL	33428		
11.11	7 .			-1- 1000	
_ /Wa	ike Ki	CHARD L. PAR	KE	7/30/98	
Signature	Incorporator			Date	
(An additional articl	e 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

Date