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K. Brumbley

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: SYNERGY FARMS & D	evelopment. INC.	
Name of corporation - in	ust include surffx	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation for Autl "Certificate of Existence," or "Certificate of Good Standing above referenced foreign corporation to transact business in	g" and check are submitted to register the	
Please return all correspondence concerning this matter to t	he following:	
Ryan Siarkowski		
Name of Pers	on	
SUMBRICA FARMS É DIEVIELAS	NISINIT INI	
SYNERLY FARMS & DEVELORM	y	
7375 TUBSPRING Rd.		
Address		
Rym & Design Build Syner Email address: (to be used for E		
City/State and Z	Cip code	
Kym & Design Build Syner	94, com	
E4mail address: (to be used for E	Itufe annual report notification)	
For further information concerning this matter, please call:		
Rima Siackousski son	65L-4738	
Name of Person at (\$10) Area Code	Daytime Telephone Number	
	, and	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations The Centre of Tallahassee	Division of Corporations	
2415 N. Monroe Street, Suite 810	P.O. Box 6327 Tallahassee, FL 32314	
Tallahassee, FL 32303	rananassee, i E 32314	
Enclosed is a check for the following amount:		
Please make check payable to: FLORIDA DEPARTMENT OF		
	8.75 Filing Fee & \$87.50 Filing Fee.	
Certificate of Status Ce	ertified Copy Certificate of Status &	

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607. I 503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. SYNERRY FARMS AND DEVELOPMENT IN CORPORATION," "CORPORATION," "Inc.," "Co.," "Corp." "Inc," "Co." or "Corp.") SHERGY DEVELOPMENT SPECIALIST INC.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 2. USA MICHIGAN 3. 47-4462689
(State or country under the law of which it is incorporated) (FEI number. if applicable) (Date of incorporation)

5. Per Petvil
(Date of duration, if other than perpetual) NONE YET (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) TURSPRING Rd. Almont MI (Principal office street address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Pamela J. Morgan

1430 Pine Warbler Place Unit 9109

SARASOTA , Florida 34240
(Zip code) Office Address:

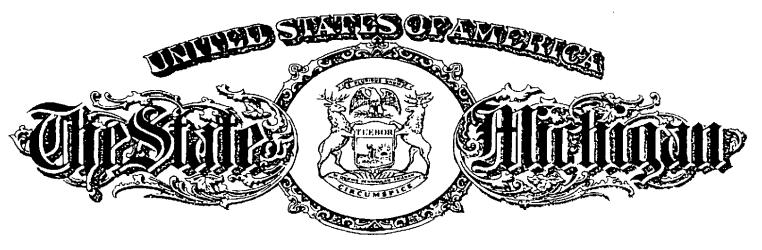
9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS						
Chairman	Name: RIAN STARKOWSKI Address: 7375 TUBSPRING PA	□Chairman	Name:			
Vice Chairman	Address: 7375 Tubspary Ph	□Vice Chairman	Address:			
Director	Almost MI 48003	□Director				
President	Ryan Snakoush	President				
	Rym Sur Karsh	□Vice President				
X Secretary	*Treasurer	□Secretary		Treasurer		
Other	□Other	□Other		Other		
□Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director		□Director		- · · · - · · · ·		
□President		□President				
□Vice President		□Vice President				
□Secretary	□Treasurer	□Secretary		Treasurer		
Other	□Other	Other		Other		
□ Chairman	Name:	□ Chairman	Name:	 .		
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director		□Director				
□President		President				
□Vice President		□Vice President				
Secretary	□Treasurer	□Secretary		Treasurer		
Other	□Other	Other		Other		
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed						
individuals may be added to the index when filing your Florida Department of State Annual Report form.						
12. Signature of Director or Officer						
The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is 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.						
(Typed or printed name and capacity of person signing application)						
(Typed or printed name and capacity of person signing application)						



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

SYNERGY FARMS AND DEVELOPMENT INC

was validly incorporated on July 15, 2015 as a Michigan DOMESTIC PROFIT CORPORATION, and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1972 PA 284 to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



Sent by electronic transmission

Certificate Number: 25010475610

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 24th day of January, 2025.

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau