

Florida Department of State

L2500001806
 Division of Corporations
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**FLORIDA LIMITED LIABILITY CO.
 SYNTRA AGENCY LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
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 DIVISION OF CORPORATIONS

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SYNTRA AGENCY LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:Mailing Address:5555 COLLINS AVE, UNIT 4Y
MIAMI BEACH, FL 331402150 ALAMANDA DR.
MIAMI, FL 33181**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

JULIO GUATY

Name

2150 ALAMANDA DR.Florida street address (P.O. Box **NOT** acceptable)MIAMIFL33181

City

State

Zip

I having been named as registered agent and to accept service of process for the above stated limited liability company 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 as provided for in Chapter 605, P.S..


Julio Andres Guaty (Jan 8, 2025 14:52 EST)

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

MARCO PINCH
2150 ALAMANDA DR.
MIAMI, FL 33181

AMBR

MATT RAMNARINE
2150 ALAMANDA DR.
MIAMI, FL 33181

AMBR

HART CUOMO
2150 ALAMANDA DR.
MIAMI, FL 33181

AMBR

TIFFANY GUATY
2150 ALAMANDA DR.
MIAMI, FL 33181

(Use attachment if necessary)

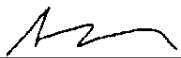
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of 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.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:


Tiffany Guaty (Jan 8, 2025 14:57 EST)

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any 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.

TIFFANY GUATY

Typed or printed name of signer

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