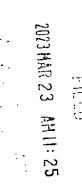
# M23000003764

(Requ	uestor's Name)	
(Addr	ess)	
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(City/:	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Docu	iment Number)	<del></del>
Certified Copies	Certificates	of Status
Special Instructions to Fil	ling Officer:	





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F19 23 2023



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301

P: 866.625.0838 F: 866.625.0839

COGENCYGLOBAL.COM

Account#: 120000000088

Date:(	03/23/2023			
Name:				
Reference #:	4020477			
Entity Name:	SYNERGY	INSPECTIONS LLC		
✓ Articles	s of Incorporation/Authorizat	on to Transact Business		
☐ Amend	dment			
☐ Chang	e of Agent			
Reinstatement				
☐ Conve	rsion			
☐ Merge	г			
☐ Dissolu	ution/Withdrawal			
☐ Fictitious Name				
Other_				
	,			
Authorized Ar	mount: \$125.00			
Signature:	Ma Jet			

P: 800.221.0102

F: 800.944.6607

#### COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	SYNERGY INSPECTIONS LLC			
20190	Name of Limited Liability Company			
	osed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of and check are submitted to register the above referenced foreign limited hability company to transact business in Florida.			
Please	turn all correspondence concerning this matter to the following:			
	Jay Fleming			
	Name of Person			
SYNERGY INSPECTIONS LLC				
	Firm/Company			
	2400 Ansys Drive, Suite 102			
	Address			
	Canonsburg, PA 15317			
	City/State and Zip Code			
	kchristener@cogencyglobal.com  E-mail address: (to be used for future annual report notification)			
For fu	er information concerning this matter, please call:			
	Kathryn Christener 518 213-0849			
	Name of Contact Person Area Code Daytime Telephone Number			
	MAILING ADDRESS:  Division of Corporations  Registration Section  P.O. Box 6327  Tallahassee, FL 32314  STREET ADDRESS:  Division of Corporations  Registration Section  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32301			
	Enclosed is a check for the following amount:  Please make check payable to: FLORIDA DEPARTMENT OF STATE  S125.00 Filing Fee S130.00 Filing Fee & S160.00 Filing Fee, Certificate  Certificate of Status Certified Copy of Status & Certified Copy			

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTEN THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: SYNERGY INSPECTIONS LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LL.C.") **PENNSYLVANIA** 47-4364446 (Jurisdiction under the law of which foreign limited hability company is organized) 3-21-2023 (Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605,0905, F.S. to determine penalty liability.) 2400 Ansys Drive, Suite 102 2400 Ansys Drive, Suite 102 (Street Address of Principal Office) (Mailing Address) Canonsburg, PA 15317 Canonsburg, PA 15317 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Cogency Global Inc. Name: 115 North Calhoun St. Suite 4 Office Address: Tallahassee (City) Registered agent's acceptance: 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 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. Karryn Christenec

(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Jay Fleming Manager Name: Manager Manager Name: \_\_\_\_ Address: 2400 Ansys Drive, Suite 102 **⋉**Member Member Address: Canonsburg, PA 15317 Authorized Authorized Person Person Other\_\_\_ Other\_\_\_\_ Other Other Manager Name: \_\_\_\_\_ Name: Member Address: Member | Address: \_\_\_ Authorized Authorized Person Person Other\_\_\_\_ Other Other\_ Other\_\_\_\_\_ **∐**Manager Name: Manager | Name: Member Address: ∐ Member Address: \_\_\_ Authorized Authorized Person Person \_\_Other\_\_\_\_ Other\_\_ Other\_\_\_ Other\_\_\_\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. 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 \$.817,155, F.S. Jay Fleming

Typed or printed name of signee

## **Pennsylvania Department of State**

Bureau of Corporations and Charitable Organizations PO Box 8722 | Harrisburg, PA 17105-8722 T:717-787-1057 dos.pa.gov/BusinessCharities

Regarding:

Synergy Inspections LLC

Request Type:

Subsistence Certificate

Request No.:

012085417

Receipt No.:

000433827

Filing Type:

Domestic Limited Liability

Company

Filing Subtype:

Limited Liability Company

Initial Filing Date: June 29, 2015

Status:

Active

### TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT

Synergy Inspections LLC

is currently subsisting on the records of the Department of State as of the issuance date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the seal of my office to be affixed, the day and year above written

Issuance Date: March 23, 2023

File No.:

0004366244

Albert Schmidt

Acting Secretary of the Commonwealth

Men Selmo

Verify this certificate online at www.file.dos.pa.gov