



**Exhibit C-3 Financial Statements**

See attached copy of filing fee with the Secretary of State in lieu of financial statements

**Amount of Check: \$125.00**

BRIAN BATROSS 02-09  
 305 OMAHA HAVEN DR.  
 COLUMBUS, OH 43225  
 DATE 2/15/13 1036  
 PAY TO THE ORDER OF Ohio Secretary of State \$ 125.00  
One Hundred Twenty Five 00 DOLLARS  
 CHASE  
 Wilmington Chase Bank, N.A.  
 Columbus, Ohio 43271  
 www.Chase.com  
 MEMO

**Need help printing or saving this check?**

[illegible]

**Need help printing or saving this check?**

© 2013 JPMorgan Chase & Co.



**Form 533A Prescribed by:**  
**Ohio Secretary of State**  
**JON HUSTED**  
**Ohio Secretary of State**

Central Ohio: (614) 466-3910  
Toll Free: (877) SOS-FILE (787-3453)  
[www.OhioSecretaryofState.gov](http://www.OhioSecretaryofState.gov)  
[Busserv@OhioSecretaryofState.gov](mailto:Busserv@OhioSecretaryofState.gov)

**Mail this form to one of the following:**

Regular Filing (non expedite)  
P.O. Box 670  
Columbus, OH 43216

**Expedite Filing (Two-business day processing time requires an additional \$100.00).**  
P.O. Box 1390  
Columbus, OH 43216

## Articles of Organization for a Domestic Limited Liability Company

**Filing Fee: \$125****CHECK ONLY ONE (1) BOX**

(1) ☒ Articles of Organization for Domestic For-Profit Limited Liability Company. (115-LCA)

(2) ☐ Articles of Organization for Domestic Nonprofit Limited Liability Company (115-LCA)

<b>Name of Limited Liability Company</b>	<b>Synergy Organization, LLC</b>
--	----------------------------------

Name must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "LLC," "Ltd.," or "Ltd."

Effective Date (Optional)	02/15/2013 mm/dd/yyyy
------------------------------	--------------------------

(The legal existence of the limited liability company begins upon the filing of the articles or on a later date specified that is not more than ninety days after filing)

This limited liability company shall exist for \_\_\_\_\_  
(Optional) Period of Existence

**Purpose**  
(Optional)

**\*\*\*Note for Nonprofit LLCs**

The Secretary of State does not grant tax exempt status. Filing with our office is not sufficient to obtain state or federal tax exemptions. Contact the Ohio Department of Taxation and the Internal Revenue Service to ensure that the nonprofit limited liability company secures the proper state and federal tax exemptions. These agencies may require that a purpose clause be provided.

**ORIGINAL APPOINTMENT OF AGENT**

The undersigned authorized member(s), manager(s) or representative(s) of

Synergy Organization, LLC

Name of Limited Liability Company

hereby appoint the following to be Statutory Agent upon whom any process, notice or demand required or permitted by statute to be served upon the limited liability company may be served. The name and address of the agent is

W. Brian Batross

Name of Agent

8289 Talla Court

Mailing Address

Westerville

City

Ohio

State

43081

ZIP Code

**ACCEPTANCE OF APPOINTMENT**

The undersigned, Brian Batross

Statutory Agent Name

named herein as the statutory agent for

Statutory agent for Your Synergy, LLC

Name of Limited Liability Company

hereby acknowledges and accepts the appointment of agent for said limited liability company

Statutory Agent Signature



Individual Agent's Signature / Signature on Behalf of Corporate Agent

☐ If the agent is an individual and using a P.O. Box, check this box to confirm that the agent is an Ohio resident.


By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

**Required**


Articles and original appointment of agent must be signed by a member, manager or other representative.

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

  
Signature

By (if applicable)

  
Print Name

  
Signature

  
By (if applicable)

  
Print Name

  
Signature

  
By (if applicable)

  
Print Name

**Exhibit C-5 Forecasted Financial Statements**

	FY 2013	FY 2014
<b>Beg Cash</b>	6000	130000
<b>Sales</b>	50000	70000
<b>Expenses</b>		
Gross wage	10000	20000
Tax liabilities	9000	9000
Supplies	1000	1000
Website	3000	3000
Advertising	1500	2000
Travel	1400	1600
Legal	2000	4000
Rent	1500	1500
Telephone	1400	1400
Insurance	800	800
Commissions	10000	20000
Emp. Benefits	0	0
Miscellaneous	2000	2000
<b>Total Expenses</b>	43600	63300
<b>Net Profit/Loss</b>	6400	6700

**Exhibit C-7 Credit Report**

N/A- No credit report.





Search for a company

[Home](#) | [Products](#) | [Help](#) | [Login](#)

Refine search

Synergy Organization

Experian is reporting: No matches found at that location.

Adding complete address information when searching can provide better results.

Ohio (OH)

☐ ☐



[Contact us](#) | [Legal terms](#) | [Privacy](#)

Experian and the Experian marks herein are service marks or registered trademarks of Experian.

© 2013 Experian Information Solutions, Inc. All rights reserved.

Equifax

# Product Selection



## Search Results

Select the company from the list below.

Can't find the one you are looking for? Try [Advanced Search](#)

<<Previous

Showing Page 1 of 1

Next >>

Company	DBA Name	Address	# Trades	Select
SYNERGY ORGANIZATION, LLC		8289 TALIA CT WESTERVILLE, OH 43081-6510	0	

<< Previous

Showing Page 1 of 1

Next >>



Copyright Equifax 2013 | [Privacy Policy](#) | [Terms of Use](#) | [Cancellation Policy](#)

**Exhibit C-8 Bankruptcy Information**

N/A-None

**Exhibit C-9 Merger Information**

N/A-None