

L 04000048356

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP☐ WAIT☐ MAIL

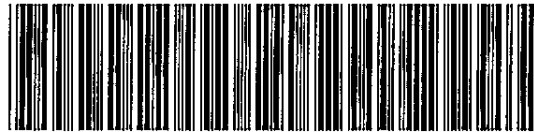
(Business Entity Name)

(Document Number)

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CORPDIRECT AGENTS, INC. (formerly CCRS)
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

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04 JUL -2 AM 11:13
TALLAHASSEE, FLORIDA
STATE

CONTACT: KATIE WONSCH
DATE: 7/2/04
REF. #: 0937.27748
CORP. NAME: HENDRICKS DISTRIBUTING, LLC

- | | | |
|---|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input checked="" type="checkbox"/> OTHER: ARTICLES OF CORRECTION | | |

STATE FEES PREPAID WITH CHECK# 508751 FOR \$ 55.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

**ARTICLES OF CORRECTION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached Articles of Organization.

FIRST: The name of the limited liability company is HENDRICKS DISTRIBUTING, LLC

SECOND: The Articles of Organization contain incorrect statements. The incorrect statements, the reason the statements are incorrect, and the corrected statements are as follows:

THE INCORRECT STATEMENTS ARE:

**“ARTICLE I
Name**

The name of the limited liability company is **HENDRICKS DISTRIBUTING, LLC** (the “Company”).”

And

**“ARTICLE IV
Management**

The name and address of managing member/manager is:

RICHARD HENDRICKS

Title: MGRM

9325 Lagoon Place #101

Davie, FL 33324”

THE REASON FOR THE STATEMENTS ARE INCORRECT: Misspelled

THE CORRECTED STATEMENTS ARE:

**“ARTICLE I
Name**

The name of the limited liability company is **HENDRIKS DISTRIBUTING, LLC** (the “Company”).”

And

**“ARTICLE IV
Management**

The name and address of managing member/manager is:

RICHARD HENDRIKS

Title: MGRM

9325 Lagoon Place #101

Davie, FL 33324”

Dated: July 1, 2004



Kaleen Foster, Authorized Representative

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04 JUL -2 AM 11:13
TALLAHASSEE, FLORIDA
STATE



I certify the attached is a true and correct copy of the Articles of Organization of HENDRICKS DISTRIBUTING, LLC, a limited liability company organized under the laws of the state of Florida, filed on June 28, 2004, as shown by the records of this office.

I further certify the document was electronically received under FAX audit number H04000134913. This certificate is issued in accordance with section 15.16, Florida Statutes, and authenticated by the code noted below.

The document number of this limited liability company is L04000048356.

Authentication Code: 004A00042352-062904-L04000048356-1/1



Given under my hand and the
Great Seal of the State of Florida,
at Tallahassee, the Capital, this the
Twenty-ninth day of June, 2004

Glenda E. Hood
Glenda E. Hood
Secretary of State

H04000134913

**ARTICLES OF ORGANIZATION
OF**

HENDRICKS DISTRIBUTING, LLC
A Florida Limited Liability Company

**ARTICLE I
Name**

The name of the limited liability company is **HENDRICKS DISTRIBUTING, LLC**
(the "Company").

**ARTICLE II
Address**

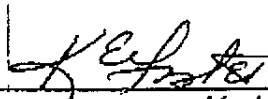
The mailing address and street address of the principal office of the Company is
9325 Lagoon Place # 101, Davie, Florida 33324.

**ARTICLE III
Registered Agent**

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

Karleen Foster
One SE Third Avenue
Suite 1490
Miami, FL 33131

*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 608, Florida Statutes.*



Karleen Foster, Registered Agent

H04000134913

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**ARTICLE IV
Management**

The name and address of managing member/manager is:

RICHARD HENDRICKS
Title: MGRM
9325 Lagoon Place #101
Davie, FL 33324

**ARTICLE V
Duration**

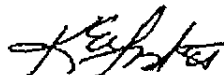
The period of duration for the Company shall be perpetual.

**ARTICLE VI
Admission of Additional Members**

The Company shall have at least one (1) member. The Company may admit additional members in accordance with the provisions of the operating agreement of the Company.

**ARTICLE VII
Members' Rights to Continue Business**

The death, retirement, resignation, expulsion, dissolution, bankruptcy, dissociation or withdrawal of any member, or the occurrence of any other event that terminates the continued membership of any member shall not cause the Company to be dissolved or its affairs to be wound-up, and upon the occurrence of any such event, the Company shall be continued without dissolution and without any affirmative action or requirement on the part of the members.



Karleen Foster, Authorized Representative

H04000134913