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SECRETARY OF STATE

14 SEP 22 PH 4: 2

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	ECT: Hendrix & Rambali LLC	imited Liability Company	
	Name of D	ininea Enabliny Company	
The en	closed Articles of Organization and fee(s)	are submitted for filing.	
Please	return all correspondence concerning this	matter to the following:	
	Sherry Rambali	Name of Person	
		Name of Person	
	Hendrix & Rambali LLC		
		Firm/Company	
	Post Office Box 709		
		Address	
	Bartow, Florida 33831		
		City/State and Zip Code	114. 200 115
	E-man address: (to be us	ed for future annual report notifica	heeping us
For fur	ther information concerning this matter, pl	ease call:	
Shern	v Rambali at (Name of Person	863) 255-2616 Area Code Daytime Te	lephone Number
	ed is a check for the following amount:	_	
∐ \$125 .0	0 Filing Fee \$\times \text{Certificate of Status}\$	☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	✓\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street/Courier Add	ress
	Registration Section Division of Corporations	Division of Corporations Division of Corporations	
	P.O. Box 6327 Clifton Building		

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
AMBR	Sherry Rambali	
	2524 Peterson Road	
	Lakeland, Florida 33812	
AMBR	Caliaity Handriy	
AMDN	Felicity Hendrix Post Office Box 709	
	Bartow, Florida 33831	
EV: Effective date, if other than the ective date is listed, the date must be	date of filing: <u>September 15, 2014</u> . (OPTIONAL) e specific and cannot be more than five business days prior to	
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
Hendrix & Rambali LLC (Must end with the words "Limite	ed Liability Company, "L.L.C.," or "Ll	LC.")	
ARTICLE II - Address:			
The mailing address and street address of the principal	office of the Limited Liability Compa	ny is:	
Principal Office Address:	Mailing Address:		
2524 Peterson Road Lakeland, Florida 33812	Post Office Box 709 Bartow, Florida 33831		
ARTICLE III - Registered Agent, Registered Office, The Limited Liability Company cannot serve as its own another business entity with an active Florida registration. The name and the Florida street address of the registere	n Registered Agent. You must designa on.)	ite an individual or	
Sherry Rambali			
Nam	e		
2524 Peterson Road Florida street address (P.O. Bo	ox <u>NOT</u> acceptable)		
Lakeland	FL 33812 Zip		
City	Zip		
Having been named as registered agent and to accept so the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the ob-	pt the appointment as registered agent s of all statutes relating to the proper at	and agree to act in this nd complete performance	
Mery Registered Agent's Signa	anbali ature (REQUIRED)	FIL 14 SEP 22 SECRETAR ALLAHASS	
(CONTINU	UED)	PH :	
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