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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : MILBERY & KESSELMAN CPAS, LLC  
Account Number : 120180000053  
Phone : (954)583-3223  
Fax Number : (954)583-3259

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: jhendrix@owyg.com

FLORIDA LIMITED LIABILITY CO.  
HENDRIX HOLDINGS, LLC

Certificate of Status	0
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**Dec 22, 2021 08:00 AM**  
**Secretary of State**

D. O'KEEFE

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12/22/2021 11:06:37 AM PAGE 1/001 Fax Server



December 22, 2021

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

MILBERY & KESSELMAN CPAS, LLC

SUBJECT: HENDRIX HOLDINGS, LLC  
REF: W21000160973

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tammi Cline

FAX Aud. #: H21000463571

Regulatory Specialist II Supervisor

Letter Number: 121A00030930

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**Dec 22, 2021 08:00 AM**  
**Secretary of State**

## COVER LETTER

**FILED**  
**Dec 22, 2021 08:00 AM**  
**Secretary of State**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** HENDRIX HOLDINGS, LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOSH HENDRIX

Name of Person

HENDRIX HOLDINGS, LLC

Firm/Company

12401 80TH LN N

Address

WEST PALM BEACH, FL 33412

City/State and Zip Code

JHENDRIX@OWYG.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSH HENDRIX                      561                      801-0541  
at (                      )  
Name of Person                      Area Code                      Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|---|---|---|

**Mailing Address**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

HENDRIX HOLDINGS, 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:12401 80TH LN N  
WEST PALM BEACH, FL 33412Mailing Address:12401 80TH LN N  
WEST PALM BEACH, FL 33412

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

JOSH HENDRIX

Name

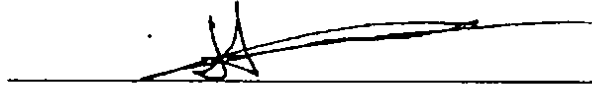
12401 80TH LN NFlorida street address (P.O. Box **NOT** acceptable)WEST PALM BEACH FLORIDA 33412

City

State

Zip

*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, F.S..*

  
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:**AMBRJOSH HENDRIX12401 80TH LN NWEST PALM BEACH, FL 33412

(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:**  
\_\_\_\_\_  
**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.JOSH HENDRIX\_\_\_\_\_  
Typed or printed name of signee**Filing Fees:****\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent****\$ 30.00 Certified Copy (Optional)****\$ 5.00 Certificate of Status (Optional)**