Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : RASI

Account Number : I20220000023 Phone : (800)221-2972 Fax Number : (917)243-5843

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

Email Address:

FLORIDA LIMITED LIABILITY CO.

Hendriks Real Estate LLC

Certificate of Status	0
Certified Copy	Ü
Page Count	01
Estimated Charge	\$125.00

Electronic Filing Menu — Corporate Filing Menu

ARTICLE I - Name:

To:

The name of the Limited Liability Company is:

Hendriks Real Estate LLC

(Must end with 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:

Mailing Address:

450 Alton Rd. 4104 Miami Beach, FL 33139 450 Alton Rd, 4104 Miami Beach, FL, 33139

ARTICLE III - Registered Agent, Registered Office, & 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:

1	1	
LIZ	Hendriks -	

Name

450 Alton Rd. 4104

Florida street address (P.O. Box NOT acceptable)

 Miami Beach
 FL
 33139

 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, Thereby 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.

Liza Hendriks
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 Liabilit	v Company:
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<u>Title:</u>		Name and Address:
	3R" = Authorized Member	
	₹" = Manager	
MGR		Liza Hendriks
		450 Alton Rd. 4104
		Miami Beach, FL 33139
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	· · · · · · · · · · · · · · · · · · ·	
(Use :	attachment if necessary)	
he date of filin Note: If the da the document's	 (g.) (ite inserted in this block does not meet the effective date on the Department of State Other provisions, if any. 	ng:
REO	UIRED SIGNATURE:	./
	Liza grendr	or an authorized representative of a member.
	This document is executed in I am aware that any false infor	or an authorized representative of a member, accordance with section 605,0203 (1) (b), Florida Statutes, mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.
	Liza Hendriks	

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)

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