

10/23/2019

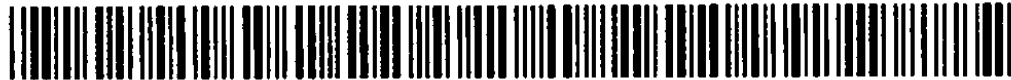
Division of Corporations

M1900001015

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

(((H19000313670 3)))



H1900031367034BC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ACCUMERA LLC
Account Number : 120090000079
Phone : (518)937-9117
Fax Number : (518)937-9128

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

Email Address: _____

Foreign Limited Liability Company
Hendrix Killian LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

2019 OCT 23 06:59

Electronic Filing Menu

Corporate Filing Menu

Help

(((H19000313670 3)))

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Hendrix Killian LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida Existence, and check are submitted to register the above referenced foreign limited liability company to transact bus

Please return all correspondence concerning this matter to the following:

Nicole Murray

Name of Person

Accumera LLC

Firm/Company

911 Central Ave., #101

Address

Albany, NY 12206

City/State and Zip Code

info@accumera.com

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

For further information concerning this matter, please call:

Nicole Murray

518

937-9117

Name of Contact Person

at (_____) _____
Area Code

Daytime Telephone Number

MAILING ADDRESS:

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

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing
of Status & C

(((H19000313670 3)))

(((H19000313670 3)))

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Hendrix Killian LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "L.L.C.")

2. New York

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 82-3857265

(FEI number, if applicable)

4. October 1, 2019

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 402 Banana Cay Drive

(Street Address of Principal Office)

6. 402 Banana Cay Drive

(Mailing Address)

Building 422, Condo B

Building 422, Condo B

South Daytona, FL 32119

South Daytona, FL 32119

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:

Incorporating Services, Ltd.

Office Address:

1540 Glenway Drive

Tallahassee

(City)

Florida

32301

(Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I accept the obligations of my position as registered agent.



(Registered agent's signature)

(((H19000313670 3)))

(((H19000313670 3)))

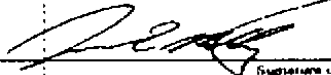
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or person manage (up to six (6) total):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: Jason McCarthy	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 2 River Terrace, #R113	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	New York, NY 10282	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: _____	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: _____	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate of the translator must be submitted)

10. 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.



Signature of an authorized person
Jason McCarthy

Typed or printed name of signer

(((H19000313670 3)))

(((H19000313670 3)))

**State of New York
Department of State } ss:**

I hereby certify, that HENDRIX KILLIAN LLC a NEW YORK Limited Company filed Articles of Organization pursuant to the Limited Company Law on 12/29/2017, and that the Limited Liability Com. existing so far as shown by the records of the Department. I certify the following:

Certificate of Change was filed on 04/09/2018.

A Certificate of Publication of HENDRIX KILLIAN LLC was filed 04/10/2018.

I further certify, that no other documents have been filed by Limited Liability Company.



*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 30th day of September
two thousand and nineteen.*

Brendan C. Hughes
Executive Deputy Secretary of State

201910010223 - HW

(((H19000313670 3)))