(Reque	stor's Name)	
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Certified Copies	Certificates	of Status
Special Instructions to Filia	og Officer	
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Office Use Only



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### **COVER LETTER**

UBJECT:	Hex Merchandise, LLC	
OBJECT: _	Nam	e of Limited Liability Company
		Company for Authorization to Transact Business in Florida," Certificate referenced foreign limited liability company to transact business in Fl
ease return a	all correspondence concerning this matter t	o the following:
	Corey Twombly	
	11.0	Name of Person
	Evans Petree PC	
	<del></del>	Firm/Company
	1715 Aaron Brenner Drive, Suite 800	
	<del></del>	Address
	Memphis, TN <b>3</b> 8120	
	C	ity/State and Zip Code
	bryon@yauponbrothers.com	
	E-mail address: (to be	e used for future annual report notification)
or further inf	ormation concerning this matter, please ca	II:
Core	y Twombly	901 521-4592
	Name of Contact Person	at () Area Code Daytime Telephone Number
	ing Address:	Street Address:
Registration Section		Registration Section
	sion of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee
1 4116	anassee. 11. 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	osed is a check for the following amount:	
Pleas	osed is a check for the following amount: e make check payable to: FLORIDA DEP 25.00 Filing Fee	e & 🔲 \$155.00 Filing Fee & 🖂 \$160.00 Filing Fee. Cer

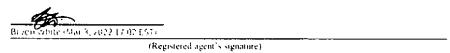
### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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

1. Hex Merchandise, LLC (Name of Foreign	Limited Liability Company; must include "Limited	I Liability Com	pany," "L.L.C.," or "LLC.")	
		<del></del>	· · · · · · · · · · · · · · · · · · ·	
Delaware	name adopted for the purpose of transacting business in Fl		e name must include "Limited Liabili (FEI munber, it	
	tonpany is viguinosa		(1.7	appreniet (
4	(Date first transacted business in Florida, it prior to (See sections 605 0904 & 605 0905, F.S. to determi	registration ) ne penalty hability	••	_
504 Pullman Road 5. (Street Address of Principal Office)			Pullman Road (Mailing Address)	
Edgewater, Florida 321	32	Edge	ewater, Florida 32132	
<del></del>		<del></del>		
7. Name and street address	<u>s</u> of Florida registered agent: (P.O. Box	<u>NOT</u> accep	table)	FILL ANASS
Name:	Bryon White		_	Try mile
Office Address:	504 Pullman Road		_	AMIO: 58
	Edgewater		32132 Florida(Zm code)	RIDA -

#### Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



# 8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address:

Title of Capacity.	Name and Address.	Title or Capacity:	Name and Address:
■Manager	Name: Oliver Luckett	■Manager	Name: Bryon White
∐Member	Address: 219 E Second Street	□Member	Address: 2464 Lydia Way
Authorized	Clarksdale, Mississippi 38614	Authorized	New Smyrna Beach, Florida 32168
Person		Person	
□Other	Other	□Other	□Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	□Other	□Other
□Manager	Name:	□Manager	Name:
⊡Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	_
□Other		□Other	○ Other

<u>Important Notice:</u> Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-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 records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath 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.

B (6) 21 (2) (1) (1) (2) (2) (2) (2) (2) (2)	
	Signature of an authorized person
Bryon White	

Page 1

# Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ILEX MERCHANDISE, LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE THIRD DAY OF MARCH, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ILEX MERCHANDISE, LLC" WAS FORMED ON THE SIXTH DAY OF AUGUST, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 202822005

Date: 03-03-22

6148319 8300 SR# 20220877088