

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 number (shown below) on the top and bottom of all pages of the document.

((H22000127493 3)))



H22000127493ABC/

**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 : CAPITOL SERVICES, INC.
 Account Number : I20160000017
 Phone : (855)498-5500
 Fax Number : (800)432-3622

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

Email Address: _____

2022 APR - 7 PM 1:38
 SECRETARY OF STATE
 FLORIDA

FILED

Foreign Limited Liability Company
 DYNAMIC LOGISTIX, LLC

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$155.00

2022 APR - 7 PM 1:25

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

COVER LETTER

H22000127493

**TO: Registration Section
Division of Corporations**

SUBJECT: Dynamic Logistix, LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Name of Person

Capitol Services - Corporate Filings Team

Firm/Company

IMPORTANT:
The email address
entered here will
be utilized for
future annual
report notifications
and possibly other
NOTIFICATIONS
from the STATE
to the entity!

515 East Park Avenue 2nd Fl

Address:

Tallahassee, FL 32301

City/State and Zip Code

cbarker@kompasskapital.com

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

For further information concerning this matter, please call:

at (855) 498 - 5500

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:

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 Fee, Certificate of Status & Certified Copy

H22000127493

**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. Dynamic Logistix, LLC

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

Dynamic Logistix (FL), LLC

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

2. Kansas

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

3. 32-0463324

(PEI number, if applicable)

4.

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

5. 6800 W. 115th Street, Suite 2601

(Street Address of Principal Office)

Overland Park, KS 66211

6. 9800 Metcalf Ave, 5th Floor

(Mailing Address)

Overland Park, KS 66212

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

Name: Capitol Corporate Services, Inc.

Office Address: 515 East Park Avenue 2nd Fl

Tallahassee, Florida 32301
(City) (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 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.

Janine Bequette
(Registered agent's signature)

Janine Bequette, Asst. Secretary on behalf
of Capitol Corporate Services, Inc.

2022 APR - 7 PM 1:38
RECEIVED
FLORIDA
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

H22000127493

H22000127493

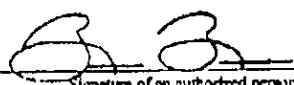
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<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: <u>Kompass Kapital Holdings, LLC</u>	<input type="checkbox"/> Manager	Name: <u>Logical Logistics Inc.</u>
<input checked="" type="checkbox"/> Member	Address: <u>9800 Metcalf Ave, 5th Floor</u>	<input checked="" type="checkbox"/> Member	Address: <u>6800 W. 115th Street, Suite 2801</u>
<input type="checkbox"/> Authorized	<u>Overland Park, KS 66211</u>	<input type="checkbox"/> Authorized	<u>Overland Park, KS 66211</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Clubhouse Capital, LLC</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Bradley Berger</u>
<input checked="" type="checkbox"/> Member	Address: <u>15508 Oakmont Street</u>	<input type="checkbox"/> Member	Address: <u>9800 Metcalf Ave, 5th Floor</u>
<input type="checkbox"/> Authorized	<u>Overland Park, KS 66221</u>	<input type="checkbox"/> Authorized	<u>Overland Park, KS 66212</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Aussie Growth Advisors LLC</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Jayson Kuti</u>
<input checked="" type="checkbox"/> Member	Address: <u>6800 W. 115th Street, Suite 2801</u>	<input type="checkbox"/> Member	Address: <u>9800 Metcalf Ave, 5th Floor</u>
<input type="checkbox"/> Authorized	<u>Overland Park, KS 66211</u>	<input type="checkbox"/> Authorized	<u>Overland Park, KS 66212</u>
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 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.



Signature of an authorized person

Bradley Berger

Typed or printed name of signer

H22000127493

H22000127493

Attachment for #8

For Initial Indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage:

NAME:

Jeff Auslander

TITLE:

Manager

ADDRESS:

6800 W. 115th Street, Suite 2601
Overland Park, KS 66211

H22000127493

**STATE OF KANSAS
OFFICE OF
SECRETARY OF STATE
SCOTT SCHWAB**

H22000127493

I, SCOTT SCHWAB, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 7927916

Entity Name: DYNAMIC LOGISTIX, LLC

Entity Type: DOM: LTD LIABILITY COMPANY

State of Organization: KS

was filed in this office on April 03, 2015, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of April 06, 2022

**SCOTT SCHWAB
SECRETARY OF STATE**

Certificate ID: 1216372 - To verify the validity of this certificate please visit <https://www.kansas.gov/bess/flow/validate> and enter the certificate ID number.