

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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**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 : I2016000017  
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: \_\_\_\_\_

**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 4:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2022 APR -7 PM 1:38

FILED

## 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

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)

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

For further information concerning this matter, please call:

Name of Contact Person at ( 855 ) 498 - 5500  
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 Fee, Certificate of Status & Certified Copy

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**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," "LLC," or "L.L.C.")

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," "LLC," or "L.L.C.")

2. Kansas

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

3. 32-0463324

(FEI 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

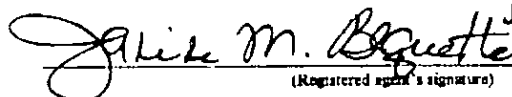
(City)

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

(Registered agent's signature)

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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 66212</u>	<input type="checkbox"/> Authorized	<u>Overland Park, KS 66211</u>
Person	_____	Person	_____
<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"/> 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	_____

**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

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**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:	TITLE:	ADDRESS:
Jeff Auslander	Manager	6800 W. 115th Street, Suite 2601 Overland Park, KS 66211

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**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.

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