

**120000340725**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : A1A REGISTERED AGENT INC.  
Account Number : I20090000032  
Phone : (561) 792-2236  
Fax Number : (561) 202-8082

**\*\*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.  
HAWK CLIENTELE LLC**

|                       |                |
|-----------------------|----------------|
| Certificate of Status | 0              |
| Certified Copy        | 0              |
| Page Count            | <del>0</del> 4 |
| Estimated Charge      | \$125.00       |

J. FASON

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Electronic Filing Menu

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Help

2020 NOV -5 AM 11:12

2020 NOV -5 PM 1:09

H20000382433 3



November 5, 2020

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

A1A REGISTERED AGENT

SUBJECT: HAWK CLIENTELE LLC  
REF: W20000127661

We have received your document for HAWK CLIENTELE LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

WILLIAM LAWRENCE  
Regulatory Specialist II

FAX Aud. #: H20000382433  
Letter Number: 520A00022172

H20000382433 3

H20000382 433 3

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

HAWK CLIENTELE LLC

(Must contain 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:**9705 NW 70TH STREET  
TAMARAC FL 33321**Mailing Address:**9705 NW 70TH STREET  
SUNRISE FL 33321**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:

MYRNA LAURENZO

Name

121 N KETCH DRIVEFlorida street address (P.O. Box **NOT** acceptable)SUNRISEFL33326

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, 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 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..

Myrna Laurenzo

Printed name of registered agent

Registered Agent's Signature (REQUIRED)

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2020 NOV -5 AM 11:12  
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STATE

H20000382 433 3

H200003824333

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**ARWILLIAM W. HAWKESWORTH  
9705 NW 70TH STREET  
TAMARAC FL 33321ARMYRNA LAURENZO  
121 N KETCH DRIVE  
SUNRISE FL 33326

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 01/01/2021 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.**ARTICLE VI:** Other provisions, if any.**REQUIRED SIGNATURE:**William W. Hawkesworth

Signature of a member or an authorized representative of a member.

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.WILLIAM W. HAWKESWORTH

Typed or printed name of signee

**Filing Fees:**

S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

S 30.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)

2020 NOV - 5 AM 11:12

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