22-000 169870

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name)
(Do	cument Number)	
Certified Copies	_ Centificates o	f Status
Special Instructions to	Filing Officer:	





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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

NIGHTHAWK VENT	TURES, LLC			
		_ 		
				Art of Inc. File
	-			LTD Partnership File
				Foreign Corp. File
			✓_	L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
				Art, of Amend, File
				RA Resignation
		j		Dissolution / Withdrawal
				Annual Report / Reinstatement
		į	·	Cert. Copy
			<u>✓</u>	Рнию Сору
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
		į		Officer Search
				Fictitious Search
Signature				Fictitious Owner Search
				Vehicle Search
				Driving Record
Requested by: BA	04/21/22			UCC 1 or 3 File
Name	Date	Time		UCC 11 Search
				UCC !! Retrieval
Walk-In Thomseves GA arcc	Will Pick Up			Courier

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FIL.ED 2022 APR 22 PM 1:09

ARTICLE I - Name:	
The name of the Limited Liability Company	is

Nighthawk Vent	ires, LLC			SELIGI
	ontain the words "Limited I	iability Compan	ny, "L.L.C.," or "LLC.")	AN TALLA
RTICLE II - Address:	et address of the principal of	fice of the Limit	ted Liability Company is:	
_	cipal Office Address:		Mailing Add	dress:
1556 Marsh Wre	n Lanc	1:	556 Marsh Wren Lane	
Naples, FL 3410:	5	<u>N</u>	laples, FL 34105	
he Limited Liability Compother business entity with	Agent, Registered Office, any cannot serve as its own an active Florida registration	Registered Agen		ndividual or
he Limited Liability Compother business entity with	any cannot serve as its own	Registered Agen		ndividual or
he Limited Liability Comp tother business entity with	any cannot serve as its own an active Florida registration eet address of the registered	Registered Agen		ndividual or
The Limited Liability Comp nother business entity with	any cannot serve as its own an active Florida registration eet address of the registered	Registered Agenn.) agent are:		ndividual or
The Limited Liability Comp nother business entity with	any cannot serve as its own an active Florida registration eet address of the registered Gregory L. Urbancic	Registered Agenn.) agent are: Name N, Suite 300	nt. You must designate an i	ndividual or
The Limited Liability Comp nother business entity with	any cannot serve as its own an active Florida registration eet address of the registered Gregory L. Urbancic 4001 Tamiami Trail I	Registered Agenn.) agent are: Name N, Suite 300	nt. You must designate an i	ndividual or

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

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.

Mark L. DiSabato

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

the document's effective date on the Department of State's records.