M14000002055

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(Only/Otate/2/p// Hone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
•
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14 MAR 26 PM 3: 50 SECRETARY OF STATE ALLAHASSEE, FLORIDA

DEPAR THEST OF STATE

MAR 2 6 2014



ON SERVICE COMPANY						
ACCOUNT NO. : I2000000195						
REFERENCE : 070661 7548888						
AUTHORIZATION: Spulle man						
COST LIMIT : \$ 125.00						
ORDER DATE: March 25, 2014						
ORDER TIME : 10:18 AM						
ORDER NO. : 070661-005						
CUSTOMER NO: 7548888						
FOREIGN FILINGS						
NAME: HAWK HOLDINGS GP, LLC						
WWW OUR THICKNION (MVDE II)						
XXXX QUALIFICATION (TYPE: <u>LL</u>)						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED COPY						
XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING						
CONTACT PERSON: Susie Knight EXT# 52956						
EXAMINER:						

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTE FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	ED TO R	KG ISTE	IR A
1. Hawk Holdings GP, LLC (Name of Pareign Limited Liability Company; must include "Limited Liability Company," "LLC.," or "LLC.	<u></u>		
(If name unavailable, enter alternate name adopted for the purpose of transacting husiness in Florida. The alternate name in Liability Company," "L.L.C." or "LLC.")	ust include	"Limitex	đ
2. Delaware 3. 46-5147522			
(Jurisdiction under the law of which foreign limited liability (FE! number, if applicable) company is organized)			
4			
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)			
2502 N. Rocky Point Dr., Ste. 1050		3	#2HET
V	S25	$\frac{2}{2}$	(المرابعة) عدور وال
Tampa, FL 33607 (Street Address of Principal Office)	SET		Ĵ
2502 N. Rocky Point Dr., Ste. 1050	그	PH	, 1
	S A:	بـــ	-
Tampa, FL 33607 (Mailing Address)	<u> </u>	:Л 	
7. The name, title or capacity and address of the person(s) who has/have authority to manag	e is/are:		
John M. Ryan, Manager			
2502 N. Rocky Point Dr., Ste. 1050			
Tampa, FL 33607		·	
8. Attached is an original certificate of existence, no more than 90 days old, duly authenticate having custody of records in the jurisdiction under the law of which it is organized. (A photogacceptable. If the certificate is in a foreign language, a translation of the certificate under oath must be submitted) Signature of an authorized person (In accordance with section 605 0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the sum aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in John M. Ryan	copy is n of the to	iot ranslat	lor
Typed or printed name of signee			

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

	of the Limited Liability Co	•	
Haw	k Holdings GP,	LLC	
If unavailable	e, the alternate to be used in	n the state of Florida is:	14 MAR SECKETA
2. The name	and the Florida street addre	ess of the registered agent and office are:	26 PM
	Joh	nn M. Ryan	3: 50 STATE LORID
		(Namc)	3: 50 TATE LORIDA
	2502 N. Ro	ocky Point Dr., Ste. 1050	13
	Florida Street	Address (P.O. Box NOT ACCEPTABLE)	_
	Tampa	33607	
		City/State/Zip	_
liability comp registered ag statutes relati	any at the place designated ent and agree to act in this coing to the proper and completing to the proper and completing at the proper and completing at the properties of my position as r	and to accept service of process for the above in this certificate, I hereby accept the appoin capacity. I further agree to comply with the pete performance of my duties, and I am family registered agent as provided for in Chapter 6	ntment as provisions of all lar with and

\$ 100.00 Filing Fee for Application

\$ 30.00 Certified Copy (optional)
 \$ 5.00 Certificate of Status (optional)

Designation of Registered Agent

\$ 25.00

Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "HAWK HOLDINGS GP, 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 TWENTY-FIFTH DAY OF MARCH, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HAWK HOLDINGS GP, LLC" WAS FORMED ON THE ELEVENTH DAY OF MARCH, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

14 MAR 26 PM 3: 50
SECRETARY OF STATE
TALL AHASSEE FLORIDA

5496180 8300

140378582

AUTHENTYCATION: 1238561

DATE: 03-25-14

You may verify this certificate online at corp.delaware.gov/authver.shtml