## M15000001091

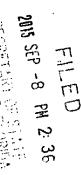
(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



400275958064

08/11/15--01023--003 \*\*130.00



## **COVER LETTER**

TO: Registration Secti Division of Corpo	
SUBJECT: H	awk Property Solutions LLC  Name of United Liability Company
	by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of omitted to register the above referenced foreign limited liability company to transact business in Florida
Please return all correspond	ence concerning this matter to the following:
	Tamara Rispoli
	Name of Person
	Firm/Company
·	7512 Dr. Phillips Blvd Suite 50724
	Orlando, FL 328 P City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further information con	cerning this matter, please call:
Tamo	Name of Contact Person at (467) 295-4295  Area Code Daytime Telephone Number
MAILING ADDI Division of Corpor Registration Section P.O. Box 6327 Tallahassec, FL 32	rations Division of Corporations on Registration Section Clifton Building
Enclosed is a check for \$125.00 Filing	the following amount:  Fee \$\sigma \text{\$130.00 Filing Fee & } \subseteq \text{\$155.00 Filing Fee & } \subseteq \text{\$160.00 Filing Fee, Certificate } \text{Certificate of Status} \text{ Certified Copy} \text{ of Status & Certified Copy}



August 12, 2015

TAMARA RISPOLI 7512 DR. PHILLIPS BLVD. STE 50724 ORLANDO, FL 32819

SUBJECT: HAWK PROPERTY SOLUTIONS, LLC

Ref. Number: W15000054223

We have received your document for HAWK PROPERTY SOLUTIONS, LLC and your check(s) totaling \$130.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6051.

Neysa Culligan Regulatory Specialist II

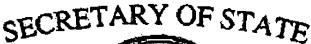
Letter Number: 415A00017009

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

IN COMPILANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

I. Hawk Property Solution	ns L.L.C.  Sign Limited Liability Company; must include	de "Limited Liability Company," "L.L.C.," or "LLC.".	<del></del>
(If name unavailable enter al	ternate name adopted for the numose of tran	sacting business in Florida. The alternate name must	include "Limited
Liability Company." "L.L.C,"		sacting promess in 110, and. The internate mante impa-	morade Emmed
2. Nevada	3.		
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)	
4. Upon Rea	istration		
1	(Date first transacted business in Fl (See sections 605,0904 & 605,0905, F	orida, if prior to registration.)  .S. to determine penalty liability)	
5. 7512 Dr. Phillilps Blvd	d., Ste 50724		
Orlando, FL 32819			
7510 D. BLIBB DL. J	(Street Address of Principa	l Office)	等型
6. 7512 Dr. Phillilps Blvd	., Ste 30/24		and the second
Orlando, FL 32819			is in
	(Mailing Address	)	3 2 O
7. Name and street addres	s of Florida registered agent: (P.O. Box	NOT acceptable)	1
Name:	InCorp Services, Inc.		र्दे ४
Office Address:	17888 67th Court North		,
	Loxahatchee	Florida 33470	
	(City)	(Zip code)	
this application, I hereby	gistered agent and to accept service of p accept the appointment as registered a statutes relative to the proper and comp tion as registered agent.	process for the above stated corporation at the present and agree to act in this capacity. I further older performance of my duties, and I am familiate performance of my duties.	agree to comply ar with and accept
	(Registered age	nt's signature)	
8. The name, title or capa	icity and address of the person(s) who ha	as/have authority to manage is/are:	
Tamar	a Rispdi, Manager	Scott Buckley Mana	aer
7512	. Dr. Phillips Blud S	to 50724	J-'
Orlan	ndo, FL 32819		
9. Attached is a certificate	of existence, no more than 90 days old. of which it is organized. (If the certificat	duly authenticated by the official having custody te is in a foreign language, a translation of the cer	
	Signature of an au	thorized person	
		) (b). Florida Statutes. I am aware that any false in ird degree felony as provided for in s.817.155, F.	

Typed or printed name of signee





## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, HAWK PROPERTY SOLUTIONS, LLC, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since June 30, 2015, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on August 31, 2015.

Barbara K. Cegavske
BARBARA K. CEGAVSKE
Secretary of State

Electronic Certificate
Certificate Number: C20150831-3710
You may verify this electronic certificate
online at http://www.nvsos.gov/