lorida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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Account Name	: REGISTERED AGENTS INC.	ر بر	. –
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Phone	: (307)200-2803		
Fax Number	: (855)330-1010		• •
	Fax Number Account Name Account Number	Division of Corporations Fax Number : (850)617-6383 Account Name : REGISTERED AGENTS INC. Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010	Fax Number : (850)617-6383 Account Name : REGISTERED AGENTS INC. Account Number : I20090000081

Foreign Limited Liability Company Hawque, LLC

Certificate of Status	0
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Help

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

IN COMPILANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

			···-
	name adopted for the purpose of transacting business	s in Horida. The alternate name must meliule "I imited Lia	hility Company," "1-1, C," or "LEC")
_{2.} Delaware		<u>3.</u> <u>82-0746847</u>	
(Jurishetion under the law of w	high foreign limited liability company is organized)	(F1:I numi	per, it applicable)
4.			
	(Date first transacted business in Horida, if p (See sections 605 0904 & 605,0905, F.S. to c	rior to registration.) determine penalty liability)	
_{5.} 3030 N. Rocky P	oint Dr.	_{6.} 3030 N. Rocky Point	Dr.
(Street Address of		(Minling Add	
STE 150A		STE 150A	- SE SE _
Tampa FL 33607		Tampa FL 33607	
7. Name and street addre	ss of Florida registered agent: (P.O. Northwest Registered Age		P-5 A
Name:			
Office Address:	3030 N. Rocky Point Dr. S	STE 150A	9.1
	Tampa	, Florida 33607	<u> </u>
Registered agent's accep	(Cay)	(Zip coc	()
	is of my position as registered agen	oper and complete performance of my t.	duties, and I am familiar with
	is of my position as registered agen-	<i>i.</i>	duties, and I am familiar with
and accept the obligation	s of my position as registered agen-	f. gent's signature)	duties, and I am familiar with
and accept the obligation	s of my position as registered agen-	<i>i.</i>	duties, and I am familiar with Name and Address:
and accept the obligation 8. The name, title or cap	acity and address of the person(s) w	t. gent's signature) ho has/have authority to manage is/are:	
8. The name, title or cap Title or Capacity:	acity and address of the person(s) w Name and Address: David Rich 1000 H Rocky Poin Dr 51E 150A	t. gent's signature) ho has/have authority to manage is/are:	
8. The name, title or cap Title or Capacity:	acity and address of the person(s) w Name and Address: David Rich	t. gent's signature) ho has/have authority to manage is/are:	
8. The name, title or cap Title or Capacity:	acity and address of the person(s) w Name and Address: David Rich 1000 H Rocky Poin Dr 51E 150A	t. gent's signature) ho has/have authority to manage is/are:	
8. The name, title or cap Title or Capacity:	acity and address of the person(s) w Name and Address: David Rich 1000 H Rocky Poin Dr 51E 150A	t. gent's signature) ho has/have authority to manage is/are:	
8. The name, title or cap Title or Capacity: Member	acity and address of the person(s) w Name and Address: David Rich 3000 H Rocky Poin Dr STE 150A Tampa FL 3360)	t. gent's signature) ho has/have authority to manage is/are:	
8. The name, title or cap Title or Capacity: Member (Use attachments if neces	acity and address of the person(s) w Name and Address: David Rich 3000 N Rocky Poin Dr STE 150A Tampa FL 33607	t. ho has/have authority to manage is/are: Title or Capacity:	Name and Address:
8. The name, title or cap Title or Capacity: Member (Use attachments if neces)	acity and address of the person(s) w Name and Address: David Rich 3000 H Rocky Point Dr STE 150A Tampa FL 33607 ssary) e of existence, no more than 90 days of which it is organized. (If the cert	t. gent's signature) ho has/have authority to manage is/are:	Name and Address:
8. The name, title or cap Title or Capacity: Member (Use attachments if neces 9. Attached is a certificate jurisdiction under the law of the translator must be s 10. This document is executed.	acity and address of the person(s) warme and Address: David Rich JOHN Rocky Point DESTE 150A Tampa FL 33507 ssary) e of existence, no more than 90 days of which it is organized. (If the cert submitted) cuted in accordance with section 605 of the Department of State constitutes.	old, duly authenticated by the official hatificate is in a foreign language, a translate a third degree felony as provided for in	Name and Address: Living custody of records in the ion of the certificate under oath are that any false information
8. The name, title or cap Title or Capacity: Member (Use attachments if neces 9. Attached is a certificate jurisdiction under the law of the translator must be s 10. This document is executed.	acity and address of the person(s) warme and Address: David Rich JOHN Rocky Point DESTE 150A Tampa FL 33507 ssary) e of existence, no more than 90 days of which it is organized. (If the cert submitted) cuted in accordance with section 605 of the Department of State constitutes.	old, duly authenticated by the official hatificate is in a foreign language, a translate a third degree felony as provided for in	Name and Address: Living custody of records in the ion of the certificate under oath are that any false information
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8. The name, title or cap Title or Capacity: Member (Use attachments if necessity: sale of the translator must be selected.)	acity and address of the person(s) warme and Address: David Rich JOHN Rocky Point DESTE 150A Tampa FL 33507 ssary) e of existence, no more than 90 days of which it is organized. (If the cert submitted) cuted in accordance with section 605 of the Department of State constitutes.	old, duly authenticated by the official hatificate is in a foreign language, a translate a third degree felony as provided for in	Name and Address: Living custody of records in the ion of the certificate under oath are that any false information

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Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "HAWQUE, 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 FIFTH DAY OF SEPTEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HAWQUE, LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF FEBRUARY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Last corp delaware gov/aut

Authentication: 203364800

Date: 09-05-18

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