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Florida Department of State
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Email Address: tgood@trenam.com

**Foreign Limited Liability Company
Hawk Land Member, LLC**

Certificate of Status	0
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Estimated Charge	\$155.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FEB - 4 2019

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

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

1. Hawk Land Member, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

2. Delaware 3. 83-2627502
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 2/1/2019
(Date first transacted business in Florida, if prior to registration.
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability))

5. 2502 N. Rocky Point Drive 6. 2502 N. Rocky Point Drive
(Street Address of Principal Office) (Mailing Address)
Suite 1050 Suite 1050
Tampa, Florida 33607 Tampa, Florida 33607

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: TK Registered Agent, Inc.
Office Address: 101 E. Kennedy Boulevard, Suite 2700
Tampa, Florida 33602
(City) (Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

[Signature]
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
Manager	John M. Ryan 2502 N. Rocky Pt. Dr. #1050 Tampa, Florida 33607		

(Use attachments if necessary)

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. 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.

[Signature]
Signature of an authorized person

John M. Ryan, Manager
Typed or printed name of signer

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HAWK LAND MEMBER, 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 FIRST DAY OF FEBRUARY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HAWK LAND MEMBER, LLC" WAS FORMED ON THE TWENTIETH DAY OF NOVEMBER, A.D. 2018.

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

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NOTARY OF STATE
DALE A. HASSELT, FLORIDA



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Jeffrey W. Bullock, Secretary of State

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Date: 02-01-19