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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_

## Foreign Limited Liability Company Nite-Hawk Sweepers, LLC

Certificate of Status	0
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## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE, WITH SECTION (05 0X02, PLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

			7A TA
, unavailatie, enter alternare a	came adopted for the purpose of transacting business in Flor	ida. The alternate name must include "Uninted Linbi	
ashington		91-1901879	
<b>-</b>	high receign limited limbility company is organized)	1	~~·- C
unadiction ander the law of w	high topeign limited limbility company is organized)	IFEt aumb.	r, of epolicables
			E ~
12/02/2010			
12/02/2019	(Date first instructed business in Honda, if prior to	egistration )	Eo F
	See sections 605 0904 A 605 0905, F.S. to determine	se penalty kebulity)	STATE LORID
19713 58th Pl. S.		1627 E. Walnut St.	PH 4: 41  JE STATE JE FLORIDA
	Principal Office)	Ó. (Mailing Aikire	<u> </u>
(Street Address of	Principal Office)	(3421mg 415mg	
Cent, WA 98032		Seguin/TX 78155	
			*** *** <b>**</b> **
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ame and <u>succi addres</u>	ss of Florida registered agent: (P.O. Box	NOT acceptable)	
Same and <u>street addres</u>		NOT_acceptable)	
	ss of Florida registered agent: (P.O. Box C T Corporation System	NOT acceptable)	
Same and <u>street address</u> Name:		NOT acceptable)	
	C T Corporation System	NOT_acceptable)	
	C T Corporation System  1200 South Pine Island Road	<u></u>	
Name:	C T Corporation System	<u></u>	

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.

By: Milione Holden - Wichele Holden - Ast. Secretary

3. For initial indexing purposes, fist names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total];

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:				
⊠Manager	Name: Jeffery A. Leonard	Manager	Name: Richard J. Wehrle				
Member	Address: 1627 F., Walnut St.	☐ Member	Address:				
Authorized	Seguin/TX 78155	Authorized	Seguin/TX 78155				
Person		Person	20 A				
Other	Other	Other					
	Name: Edward T. Rizzuti  Address: 1627 E. Walnut St.  Seguin/TX 78155	Manager Member Authorized Person Other	Name: DEC -3 PR LANASSHEE, FILORIDA  OtherOther				
Manager	Name:	□ Manager	Name:				
Member	Address:	Member	Address:				
Authorized		Authorized					
Person		Person					
Other	Other	Other	Other				
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.  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 constitute a third degree falony as provided for in s.817.155, F.S.							

Typed or privated name of signed

Edward T. Rizzuti, Manager

- 20



Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

NITE-HAWK SWEEPERS, LLC

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 02/12/1998.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid. I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

> 12/02/2019 Issued Date: 601 856 416 UBI Number:



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman, Societary of State

tim Ulgna

Date Issued, 12/02/2019