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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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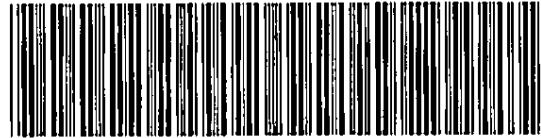
(Business Entity Name)

(Document Number)

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2020 JAN 13 A 11:58

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

JAN 25 2020

T. LEMIEUX



KIZER & BLACK, ATTORNEYS, PLLC  
217 E. BROADWAY AVENUE  
MARYVILLE, TENNESSEE 37804

Phone: (865) 980-1629  
E-Mail: [kmanning@kizerblack.com](mailto:kmanning@kizerblack.com)

January 9, 2020

Florida Department of State  
Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Hawkins Computer Services, LLC  
Our File No. 15436-001

Dear Clerk:

Enclosed please find an Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, along with the Cover Letter, a Certificate of Existence from the State of Tennessee, and a check in the amount of **One Hundred Twenty-Five Dollars (\$125.00)** representing the filing fee for the same.

After the documents have been processed through your office, please return it to me at the above address in the self-addressed, stamped envelope enclosed for your convenience. Thank you for your assistance.

Sincerely,

A handwritten signature in black ink that reads 'Kelly Love Manning'. The signature is fluid and cursive, with a long horizontal stroke at the end.

Kelly Love Manning, Esq.

Enclosures

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Hawkins Computer Services, LLC  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Kelly Love Manning

Name of Person

Kizer & Black, Attorneys, PLLC

Firm/Company

217 E Broadway Avenue

Address

Maryville, TN 37804

City/State and Zip Code

kmanning@kizerblack.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kelly Love Manning

Name of Contact Person

at ( 865 ) 982-7650

Area Code

Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- ☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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. Hawkins Computer Services, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," 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," "L.L.C.," or "LLC.")

2. Tennessee  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_  
(FEI number, if applicable)

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

5. 523 W. Lamar Alexander Parkway, Suite 5  
(Street Address of Principal Office)

6. 523 W. Lamar Alexander Parkway, Suite 5  
(Mailing Address)

Maryville, TN 37801

Maryville, TN 37801

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

Name: Registered Agents Inc.

Office Address: 7901 4th St N STE 300

St. Petersburg, Florida 33702  
(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.*

Bee Hume

(Registered agent's signature)

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TALLAHASSEE, FLORIDA

8. For initial indexing purposes, list 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:**

☐ Manager Name: Charles E. Hawkins II

☐ Member Address: 523 W Lamer Alexander Pkwy

☐ Authorized Maryville, TN 37801

Person \_\_\_\_\_

☒ Other President ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

**Title or Capacity:** **Name and Address:**

☐ Manager Name: Raymond Hawkins

☐ Member Address: 523 W Lamar Alexander Pkwy

☐ Authorized Maryville, TN 37801

Person \_\_\_\_\_

☒ Other Secretary ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

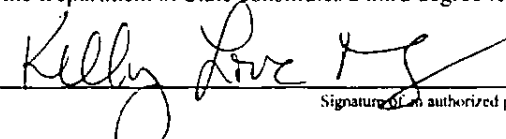
Person \_\_\_\_\_

☐ 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 constitutes a third degree felony as provided for in s.817.155, F.S.

  
\_\_\_\_\_  
Signature of an authorized person

Kelly Love Manning, Esq.  
\_\_\_\_\_  
Typed or printed name of signer



**Tre Hargett**  
Secretary of State

**Division of Business Services**  
**Department of State**

State of Tennessee  
312 Rosa L. Parks AVE, 6th FL  
Nashville, TN 37243-1102

**KELLY L MANNING**  
217 E BROADWAY AVENUE  
MARYVILLE, TN 37804

January 8, 2020

**Request Type: Certificate of Existence/Authorization**  
Request #: 0345231

Issuance Date: 01/08/2020  
Copies Requested: 1

**Document Receipt**

Receipt #: 005183024 Filing Fee: \$20.00  
Payment-Credit Card - State Payment Center - CC #: 3772777736 \$20.00

**Regarding: Hawkins Computer Services, LLC**  
Filing Type: Limited Liability Company - Domestic  
Formation/Qualification Date: 12/09/2015  
Status: Active  
Duration Term: Perpetual  
Business County: BLOUNT COUNTY

Control #: 824365  
Date Formed: 01/01/2016  
Formation Locale: TENNESSEE  
Inactive Date:

**CERTIFICATE OF EXISTENCE**

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

**Hawkins Computer Services, LLC**

- \* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- \* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- \* has filed the most recent annual report required with this office;
- \* has appointed a registered agent and registered office in this State;
- \* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett  
Secretary of State

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