Division of Corporations

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Email Address: tgood@trenam.com

Foreign Limited Liability Company Hawk Normandy, LLC

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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. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Hawk Normandy, LLC	C Limited Liability Company; must include "Limite	d Liability Cor	npany," "L L.C	".," or "LLC.")			
(If name unavailable, enter alternate	name adopted for the purpose of transacting business in F	forida. The altern	tale name mast in	 clude "Limned Lubbley (Compacy, TM, Ú C	," or "LUC.")	
Delaware 2. Dérisdiction ender the law of w	hiết for tign limited lighting chémpley is organized;	3.		(FEI nümber, if ap	eplicable)		
4.	(Date first transacted business in Floride, if prior to 15th sections 605 0504 & 605 0505, F.S. to determ	registration) ine penalty liabil	ity)				
2502 Rocky Point Drive, Suite 1050 5. (Street Address of Principal Office)		250 6.	J2 Rocky Po (Mailing Addite	int Drive, Suite 10)50		
Tampa, FL 33607		Tan	npa, FL 336	507		130 SEP	ゴ
7. Name and street addres	is of Florida registered agent: (P.O. Box	NOT_sccep	otable)			P 24 FH	したい
Name;	TK Registered Agent, Inc.				5 0 A TO	4: 21	
Office Address:	101 E. Kennedy Boulevard, Suite 2700)			Ξ.	-	
	Tampa (City)		, Florida	33602 (7(p.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.

(((H210003596183)))

Title or Capacity:	Name and Address:	Title or Capacit	Name and Adda	ress:
<u>≡</u> Manager	Name: John M. Ryan	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized	Suite 1050	☐ Authorized		
Person	Tampa, FL 33607	Person	<u> </u>	
□Other	[]Other	□Other	□ Other	•
∐Manager	Name:	□Manager	Name:	· -
□Member	Address:	□Member	Address:	<u>.</u>
□Authorized		☐ Authorized		် များ
Person		Person	Control of the second s	<u>-3</u> _
L10ther	LJOther	□Other	□ Other □ =	4: 27
[]Manager	Name:	□Manager	Name:	-
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person	,	Person		- ·
[]Other	[]Other	Other	Other	
indexed individuals 9. Attached is a cert jurisdiction under the of the translator mu	Use an attachment to report more than six (6). The may be added to the index when filing your Flow tificate of existence, no more than 90 days old, one law of which it is organized. (If the certificate st be submitted)	orida Department of S duly authenticated by e is in a foreign langua	tate Annual Report form. the official having custody of recordage, a translation of the certificate u	ds in th Inder or

Typed at printed name of signar

John M. Ryan, Manager

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Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "HAWK NORMANDY, LLC" IS DULY FORMED

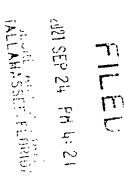
UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE TWENTY-EIGHTH DAY OF JULY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HAWK NORMANDY, LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF JULY, A.D. 2021.

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



5117980 8300 SR# 20212824943

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203783581

Date: 07-28-21