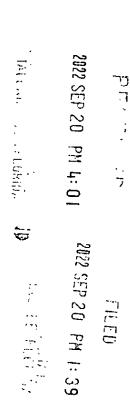
M2200014635

	Requestor's Name)	
(,	Address)	
	Address)	
(0	City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(1	Business Entity Name)	
(1	Document Number)	
Certified Copies	Certificates of S	Status
Special Instructions to	Filling Officer:	
		•

Office Use Only



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T LEMMEUX

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195							
REFERENCE : 960793 8355304							
AUTHORIZATION :							
COST LIMIT : \$\(\)125.00							
ORDER DATE : September 16, 2022							
ORDER TIME : 2:42 PM							
ORDER NO. : 960793-005							
CUSTOMER NO: 8355304							
FOREIGN FILINGS							
NAME: GOSHAWK, LLC							
XXXX QUALIFICATION (TYPE: <u>LL</u>)							
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:							
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING							
NAME: GOSHAWK, LLC XXXX QUALIFICATION (TYPE: LL) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY XX PLAIN STAMPED COPY							

EXAMINER:

CONTACT PERSON: Eyliena Baker -- EXT#

COVER LETTER

TO:

TO:	Registration Section Division of Corporations	
SUBJ	Goshawk, LLC ECT:	
		me of Limited Liability Company
		y Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida.
Please	return all correspondence concerning this matter	to the following:
		Name of Person
		Firm/Company
		Address
		City/State and Zip Code
	E-mail address: (to	be used for future annual report notification)
For fu	rther information concerning this matter, please of	eall:
	Dan White	816 506-0241 at ()
	Name of Contact Person	Area Code Daytime Telephone Number
	Mailing Address: Registration Section	Street Address: Registration Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DE \$125.00 Filing Fee \$130.00 Filing F Certificate	PARTMENT OF STATE Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate

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 DABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	name adopted for the purpose of transacting busines aki Indians of California	Nin rionga The ai	ternate same must membe. Emitted List	omy Company, 1.		1,1,0, 1
	hich foreign limited liability company is organized	3	(FFI number	r, if applicable)		_
	months and manning company to organize	,	(, ,,,	., app.		
	(Date first transacted business in Florida, if proceedings of the Sections 605,0904 & 605,0905, F.S. to detect the sections of the sections of the section o	nor to registration) letermine penalty li	ability)			
913 Gulf Breeze Parky) 13 Gulf Breeze Parkway, U			
treet Address of Principal Office)		6	(Mailing Address)			_
Gulf Breeze, FL 3256	I	(Gulf Breeze, FL 32561			
		_				_
		_				_
		_		9		-
Name and street address	ss of Florida registered agent: (P.O.	Box <u>NOT</u> ac	cceptable)	3	2022 :	-
Name and street address	ss of Florida registered agent: (P.O.	Box <u>NOT</u> ac	eceptable)		2022 SEF	-
Name and street address	ss of Florida registered agent: (P.O.	Box <u>NOT</u> ac	cceptable)	3	2022 SEP 21	
Name and street address Name:		Box <u>NOT</u> ac	cceptable)		2022 SEP 20	FILE
	CSC	Box <u>NOT</u> ac	cceptable)		2022 SEP 20 PM	FILED
		Box <u>NOT</u> ac	cceptable)	35		FILED
Name:	CSC 1201 Hays Street	Box <u>NOT</u> ac		T.CAR.		FILED
Name:	CSC	Box <u>NOT</u> ac	cceptable) , Florida(Zip code)	/GR957.3 22 22 22 24 24 24 24 24 24 24 24 24 24	PM I:	FILED

(Registered agent's signature)

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: Title or Capacity: Name and Address: Brandon Mann Name: ■ Manager □Manager Address: Address: ■ Member ☐ Member 913 Gulf Breeze Parkway, Unit 15A ☐ Authorized ☐ Authorized Gulf Breeze, FL 32561 Person Person □Other_____ □Other_____ □Other_____ □Other_____ Name: _____ ☐ Manager Name: _____ □Manager □Member □Member Address: ____ Address: □ Authorized ☐ Authorized Person Person □Other_____ □Other_____ □Other____ Name: _____ □Manager Name: □Manager ☐ 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. Nonindexed 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 Brandon Mann, General Manager

Typed or printed name of signee



Date 8/9/2022

Certificate of Good Standing Goshawk, LLC

Goshawk, LLC is a limited liability company formed pursuant to the Limited Liability Company Code of the Paskenta Band of Nomlaki Indians of California (the "Tribe"). Goshawk, LLC was organized as of May 11, 2010 and is authorized by the Tribe to transact business. Tepa, LLC a wholly owned Tribal company, is the sole member of Goshawk, LLC.

According to our records, Goshawk, LLC is in good standing under the laws of the Paskenta Band of Nomlaki Indians of California.

Executed on the date first written above.

Keith Ray

Tribal Council Secretary