

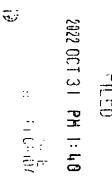
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PICK-UP WAIT MAIL
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10/31/22--01032--011 \*\*160.30



#### **COVER LETTER**

### TQ: Registration Section **Division of Corporations** HAWKLAND HOLDINGS GROUP LLC SUBJECT: 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: Thomas Gallagher Name of Person Hawkland Holdings Group LLC Firm/Company 145 Orinoco Dr. # 406 Address Brightwaters, NY 11718 City/State and Zip Code pheebzdad@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Thomas Gallagher Daytime Telephone Number Name of Contact Person Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 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 DEPARTMENT OF STATE

S155.00 Filing Fee &

Certified Copy

■ \$160.00 Filing Fee. Certificate

of Status & Certified Copy

☐ \$130.00 Filing Fee &

Certificate of Status

\$125.00 Filing Fee

# 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:

NEW YORK STATE  (Jurisdiction under the law of w)  MARCH 19, 2021		94 2000504	LLC.		
		86-2090504			
MARCH 10 2021	nich foreign limited hability company is organized)	3. (FEI number, (Fapplicable)			
MARKETT 17, 2021					
	(Date first transacted business in Florida, if prior to r (See sections 605,0904 & 605,0905, F.S. to determine	registration.) ine penalty liability)			
HAWKLAND HOLDINGS GROUP, LLC		HAWKLAND HOLDINGS GROUP, LLC 6.			
ect Address of Principal Office)		(Mailing Address)	-		
1547 LINCOLN AVE		145 ORINOCO DR # 406			
HOLBROOK, NY 117	41	BRIGHTWATERS, NY 11718 C	·		
Name and street address  Name:	s of Florida registered agent: (P.O. Box THOMAS GALLAGHER	NOT acceptable)	LEU		
Office Address:	10720 GARDEN STREET				
Office Address:	JACKSONVILLE	32219 . 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:	Title or Capacity:	Name and Address:
<b>■</b> Manager	Name: THOMAS GALLAGHER	□Manager	Name: DANIELLE GALLAGHER
□Member	Address:	<b>■</b> Member	Address: 145 ORINOCO DR. #406
□Authorized	BRIGHTWATERS, NY 11718	$\square$ Authorized	BRIGHTWATERS, NY 11718
Person		Person	
□Other	Other	□Oiher	
⊡Manager	Name: OLYMPIA APARO	□Manager	Name:
<b>≇</b> Member	Address: 45 ORINOCO DR. #406	□Member	Address:
☐ Authorized	BRIGHTWATERS, NY 11718	□Authorized	
Person		Person	
□Other	Other	□Other	□Other
□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 constitutes a third degree felony as provided for 6 s.817.155, F/S.

Signature of an authorized poson

THOMAS GALLAGHER

#### STATE OF NEW YORK

#### DEPARTMENT OF STATE

#### Certificate of Status

I. ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: HAWKLAND HOLDINGS GROUP LLC

DOS 1D Number: 5955751

Entity Type: DOMESTIC LIMITED LIABILITY COMPANY

Entity Status: EXISTING
Date of Initial Filing with DOS: 03/04/2021

Statement Status: CURRENT Statement Due Date: 03/31/2023

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on October 18, 2022 at 11:29 A.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C Hughan

By Brendan C. Hughes Executive Deputy Secretary of State

Authentication Number: 100002356741 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at <a href="http://ecorp.dos.ny.gov">http://ecorp.dos.ny.gov</a>



### New York State Department of State

### Division of Corporations, State Records and Uniform Commercial Code

## COPY REQUEST/CERTIFICATE OF STATUS RECEIPT

THOMAS GALLAGHER 145 ORINOCO DR. # 406 BRIGHTWATERS NY 11718

**DATE:** 10/18/2022 **TRANSACTION NUMBER:** 202210180001205

### **ENTITY INFORMATION:**

ENTITY NAME: HAWKLAND HOLDINGS GROUP LLC

**DOS ID:** 5955751 **DATE OF INITIAL DOS FILING:** 03/04/2021

REQUESTED SERVICES:	NUMBER REQUESTED:	<u>FEE:</u>
UNCERTIFIED COPY(\$5.00)		\$0.00
CERTIFIED COPY(\$10.00)		\$0.00
CERTIFICATE OF STATUS - SHORT FORM(\$25.00)	1	\$25.00
CERTIFICATE OF STATUS - LONG FORM(\$25.00)		\$0.00
EXPEDITED HANDLING		\$25.00

TOTAL PAYMENTS RECEIVED:	\$50.00
CASH:	\$0.00
CHECK/MONEY ORDER:	\$0.00
CREDIT CARD:	\$50.00
DRAWDOWN ACCOUNT:	\$0.00
REFUND DUE:	\$0.00

REQUESTED COPY FILE DATE FILE NUMBER