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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : BERGER SINGERMANN LLP, FT. LAUDERDALE  
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Email Address: bonnie@metrodg.com

Foreign Limited Liability Company  
Hawk Tuscany Preferred, LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
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February 9, 2023

FLORIDA DEPARTMENT OF STATE

Division of Corporations

BERGER SINGERMAN LLP, FT. LAUDERDALE

SUBJECT: HAWK TUSCANY PREFERRED, LLC  
REF: W23000017553

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin  
Regulatory Specialist II

FAX Aud. #: E23000050719  
Letter Number: 423A00003125

FAX TO: 850-617-6383

PLEASE SEE ATTACHED CORRECTED  
APPLICATION BY FOREIGN LLC.

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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. Hawk Tuscany Preferred, 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. Delaware (Jurisdiction under the law of which foreign limited liability company is organized)
3. 92-2209715 (FEI number, if applicable)

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

5. 2502 North Rocky Point Drive (Street Address of Principal Office) Suite 1050 Tampa, FL 33607
6. 2502 North Rocky Point Drive (Mailing Address) Suite 1050 Tampa, FL 33607

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

Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(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.

(Registered agent's signature)
Maconna Cuddihy, Assistant Secretary

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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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Tiffany Kvitek</u>	<input type="checkbox"/> Manager	Name: <u>Christie Ray</u>
<input type="checkbox"/> Member	Address: <u>2502 N. Rocky Point Drive</u>	<input type="checkbox"/> Member	Address: <u>2502 N. Rocky Point Drive</u>
<input checked="" type="checkbox"/> Authorized Person	<u>Suite 1050</u> <u>Tampa, FL 33607</u>	<input checked="" type="checkbox"/> Authorized Person	<u>Suite 1050</u> <u>Tampa, FL 33607</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input type="checkbox"/> Manager	Name: <u>Bonnie Dornford</u>	<input checked="" type="checkbox"/> Manager	Name: <u>John Ryan</u>
<input type="checkbox"/> Member	Address: <u>2502 N. Rocky Point Drive</u>	<input type="checkbox"/> Member	Address: <u>2502 N. Rocky Point Drive</u>
<input checked="" type="checkbox"/> Authorized Person	<u>Suite 1050</u> <u>Tampa, FL 33607</u>	<input type="checkbox"/> Authorized Person	<u>Suite 1050</u> <u>Tampa, FL 33607</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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 the law 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.

*/s/ John Ryan*

Signature of an authorized person

John Ryan

Typed or printed name of signer

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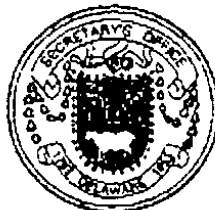
# Delaware

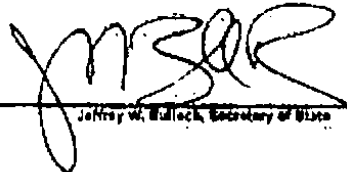
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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HAWK TUSCANY PREFERRED, 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 DECEMBER, A.D. 2022.

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



  
Jeffrey W. Bullock, Secretary of State

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SR# 20224387487

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 205199469

Date: 12-28-22

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