

M23000001741

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

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Account Name : BERGER SINGERMAN LLP, FT. LAUDERDALE
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: bonnie@metroddg.com

Foreign Limited Liability Company
Hawk Tuscany, 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 SINGEMAN LLP, FT. LAUDERDALE

SUBJECT: HAWK TUSCANY, LLC
REF: W23000017550

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 titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

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 IIFAX Aud. #: H23000050701
Letter Number: 623A00003124

FAX TO: 850-617-6383

PLEASE SEE ATTACHED CORRECTED
APPLICATION BY FOREIGN LLC.

~~ATTN:~~

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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, 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. 92-2171122
(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. 2502 North Rocky Point Drive
(Street Address of Principal Office)

6. 2502 North Rocky Point Drive
(Mailing Address)

Suite 1050

Suite 1050

Tampa, FL 33607

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.

By: Candice Pignaturo C T Corporation System
(Registered agent's signature) Candice Pignaturo, Asst. 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	<u>Suite 1050</u>	<input checked="" type="checkbox"/> Authorized	<u>Suite 1050</u>
Person	<u>Tampa, FL 33607</u>	Person	<u>Tampa, FL 33607</u>
<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	<u>Suite 1050</u>	<input type="checkbox"/> Authorized	<u>Suite 1050</u>
Person	<u>Tampa, FL 33607</u>	Person	<u>Tampa, FL 33607</u>
<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	_____	<input type="checkbox"/> Authorized	_____
Person	_____	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. No 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 jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under 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, 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.



7204610 8300

SR# 20224387492

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 205199470

Date: 12-28-2

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