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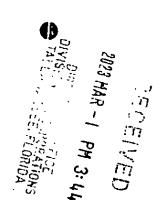
(Requestor's Name)				
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S. ROBERTS

MAR - 2 2023

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 537270 4321040

AUTHORIZATION : CANALA MARINE

COST LIMIT : \$ 125.00

ORDER DATE: March 1, 2023

ORDER TIME : 2:17 PM

ORDER NO. : 537270-020

CUSTOMER NO: 4321040

FOREIGN FILINGS

NAME: HAWK RESEARCH LABORATORIES,

LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER:

COVER LETTER

TO:		tration Section on of Corporations				
SUBJE		lawk Research Laboratories, LLC				
SOBOL	··· _	Name	of Limited Liability	Company	1 2 20 20 5 20 20 5 20 10 10 10 10 10 10 10 10 10 10 10 10 10	
		Application by Foreign Limited Liability Coheck are submitted to register the above re				
Please re	eturn a	Il correspondence concerning this matter to	the following:			
		Mary Golonka				
			Name of Person		_	
		ArentFox Schiff LLP				
			Firm/Company			
		233 South Wacker Drive, Suite 710	0			
	Address					
		Chicago, IL 60606				
		Ci	ty/State and Zip Cod	e		
		mary.golonka@afslaw.com				
		E-mail address: (to be	used for future annua	al report not	ification)	
For furth	her info	ormation concerning this matter, please call	l:			
	Магу	Golonka	312 at (258-46	604	
		Name of Contact Person	Area Code	Day	time Telephone Number	
Mailing Address:		Street Address:				
Registration Section			Registration Section			
Division of Corporations			Division of Corporations			
P.O. Box 6327			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			
	Tallahassee, FL 32314		Tallahassee.			
	Please	sed is a check for the following amount: make check payable to: FLORIDA DEP. 25.00 Filing Fee	& 🗆 \$155.00 F		☐ \$160.00 Filing Fee, Ce of Status & Certific	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLANCE 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:

I. Hawk Research Labo						
(Name of Foreign	Emitted Liability Company; must include "Limited	d Liability	y Company," "L L.C.," or "LLC.")			
If name unavailable, enter alternate r	name adopted for the purpose of transacting business in Fl	orida The	alternate name must include "Limited Lia	bility Company	," "L.L.C," or "LLC	
Illinois		3	35-2546990			
(Jurisdiction under the law of which foreign limited liability company is organized)		٥.	3. (FEI number, if applicable)			
4	. F					
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to determi	registration ne penalty	n) Hability)			
7150 Capitol Drive		6.	7150 Capitol Drive			
Street Address of Principal Office)		•	(Mailing Address)			
Wheeling, IL 60090			Wheeling, IL 60090			
				·,	2023 H	
7. Name and street addres	s of Florida registered agent: (P.O. Box	<u>NOT</u> a	acceptable)	· · · · · · · · · · · · · · · · · · ·		
Name:	Corporation Service Company				ATH: I	
Office Address:	1201 Hays Street			·	91	
			32301 Florida			
	(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.

Corporation Service Company

By: Ulkin Wilm assistant va president

(Registered services)

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	or Capacity: Name and Address:
■Manager Name: Hawk Holdings, LLC □Man	nager Name:
■ Member Address: 7150 Capitol Drive	nber Address:
☐Authorized Wheeling, IL 60090 ☐Auth	horized
PersonPer	rson
Other Other Other	erOther
□Manager Name: □Mar	nager Name:
☐Member Address: ☐Mer	mber Address:
□Authorized □Aut	horized
Person Person	rson
□Other □Other □Oth	er
□Manager Name: □Man	nager Name:
☐Member Address: ☐Member	mber Address:
□Authorized □Aut	horized
Person Pe	rson
□Other □Other □Oth	erOther

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 in s.817.155, F.S.

Signature of an authorized person

Frederick A. Eck

Typed or printed name of signee

File Number

0549537-7



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulias, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the

Department of Business Services. I certify that

HAWK RESEARCH LABORATORIES, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON NOVEMBER 12, 2015, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this IST day of MARCH A.D. 2023 .

Authentication #: 2306002786 verifiable until 03/01/2024

Authenticate at: https://www.ilsos.gov

Alexi Sianando