M23000012284

	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
	(Business Entity Name)	
	(200)	
	(Document Number)	
fied Copies	_ Certificates of S	itatus
ecial Instructions to		
		:
		<u> </u>
	Office Use Only	



600416137246

09/25/29 --01603--010 **155.00



SEP 25 2023

K. Brumbley

CORPORATE ACCESS, _

When you need ACCESS to the world

INC.

236 East 6th Avenue, Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

	PIC	K UP:	MISTY 9/25	5		
,	CERTIFIED CONV					
ζ.	CERTIFIED COPY					
	РНОТОСОРУ					
	CUS					
X	FILING	FOR	EIGN LLC			
	HAWKS LATAM LLC					
((CORPORATE NAME AND DOCU	JMENT #)				-
((CORPORATE NAME AND DOCU	JMENT #)			<u> </u>	
((CORPORATE NAME AND DOCU	JMENT #)				· · ·
(0	CORPORATE NAME AND DOCU	JMENT #)				
((CORPORATE NAME AND DOCU	JMENT #)				
((CORPORATE NAME AND DOCL	JMENT #)				
AL UCT	TIONS:					
UCI		<u> </u>			<u> </u>	
				· · · · · · · · · · · · · · · · · · ·		****

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:

L Hawks Latam LLC			
(Name of Foreign	Limited Enability Company: must include "Limite	d Liability Company," "L.L.C.," or "L1.C.")
It name unavailable, enter alternate	name adopted for the purpose of transacting business in F	lorida. The alternate name must include "Limited	Liability Company," "L.L.C." or "LLC.")
Delaware 2.		3	
(Jurisdiction under the law of w	shich foreign limited liability company is organized)	3(FEI nun	nber, if applicable)
1			
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration.) ne penalty liabitity)	
7925 NW 12th St.		7925 NW 12th St.	
Street Address of Principal Office)	·	6. (Mailing Address)	
STE 109		STE 109	
Doral, FL 33126		Doral, FL 33126	20
7. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)	2023 SEP 2
Name:	Registered Agents Inc.		25 PH
Office Address:	7901 4th St N Ste 300	·····	6. <u>f</u>
	St. Petersburg	33702 . Florida	
	(Cay)	, FIOTIGA(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)

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:

Name and Address:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
□Manager	Name: Javier Daroch Gonzalez	□Manager	Name: Rodrigo Canales
≝ Member	Address: 7925 NW 12th St. STE 109	■Member	Address: 7925 NW 12th St. STE 109
□Authorized	Doral, FL 33126	□Authorized	Doral, FL 33126
Person		Person	
□Other	□Other	□Other	□Other
□Manager	Name:	⊡Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	□Other	□Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address;
□Authorized		□Authorized	
Person		Person	
□Other		□Other	
Important Notice: Uindexed individuals Of Attached is a certifurisdiction under the of the translator mus Of the translator mus Of This document in	se an attachment to report more than six (6), may be added to the index when filing your F ificate of existence, no more than 90 days old e law of which it is organized. (If the certificate be submitted) s executed in accordance with section 605.02 ment to the Department of State constitutes a t	The attachment will be imale florida Department of State duly authenticated by the ate is in a foreign language.	ged for reporting purposes only. Non Annual Report form. official having custody of records in a translation of the certificate under a translation of the certificate under the custom as a second contact of the certificate under the custom as a second custom
	Janier Daroch		
	Cimera separation	of an authorized person	·····

Typed or printed name of signee



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "HAWKS LATAM 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 NINETEENTH DAY OF SEPTEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HAWKS LATAM LLC"

WAS FORMED ON THE THIRD DAY OF JULY, A.D. 2023.

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

Authentication: 204189168

Date: 09-19-23