

MZ3000014040

(Requestor's Name) _____

(Address) _____

(Address) _____

(City/State/Zip/Phone #) _____

PICK-UP WAIT MAIL

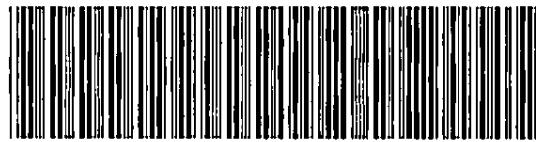
(Business Entity Name) _____

(Document Number) _____

Certified Copies _____ Certificates of Status _____

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DATE: 11/02/2023

NAME: NIGHTHAWK MOMENTUM FUND, LLC

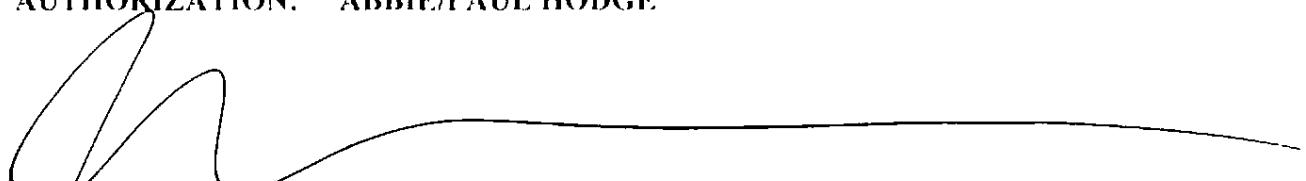
TYPE OF FILING: APPLICATION

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AUTHORIZATION: ABBIE/PAUL HODGE

A handwritten signature in black ink, appearing to read "ABBIE/PAUL HODGE", is written over a horizontal line. The signature is fluid and cursive, with a large, stylized initial 'A' on the left.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Nighthawk Momentum Fund, LLC

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:

Katrina Lukenbill

Name of Person

Lewis Brisbois Bisgaard & Smith LLP

Firm/Company

110 SE 6th St., #2600

Address

Fort Lauderdale, FL 33301

City/State and Zip Code

Katrina.Lukenbill@lewisbrisbois.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Katrina Lukenbill	954	678-4088
Name of Contact Person	at ()
	Area Code	Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
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**

\$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate
of Status Certified Copy of Status & Certified Copy

**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:

Nighthawk Momentum Fund, 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")

Delaware

2. (Jurisdiction under the law of which foreign limited liability company is organized)

3. _____ (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. 601 Heritage Dr.
(Street Address of Principal Office)

6. 601 Heritage Dr.
(Mailing Address)

Suite 500

Suite 500

Paracorp Incorporated

Office Address: 155 Office Plaza Drive, 1st Floor

Tallahassee, Florida 32301
(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.

SEE ATTACHMENT PAGE

(Registered agent's signature)

APPROVED
AND
FILED

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>Stephen McIntosh</u>	<input type="checkbox"/> Manager	Name: <u>Gabriel Necriemer</u>
<input type="checkbox"/> Member	Address: <u>601 Heritage Dr.</u>	<input type="checkbox"/> Member	Address: <u>601 Heritage Dr.</u>
<input type="checkbox"/> Authorized Person	<u>Suite 500</u> <u>Jupiter, FL 33458</u>	<input type="checkbox"/> Authorized Person	<u>Suite 500</u> <u>Jupiter, FL 33458</u>
<input checked="" type="checkbox"/> Other	<u>Chief Executive Officer</u> <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other	<u>Head of Operations</u> <input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Edward Skrod</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>601 Heritage Dr.</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	<u>Suite 500</u> <u>Jupiter, FL 33458</u>	<input type="checkbox"/> Authorized Person	_____
<input checked="" type="checkbox"/> Other	<u>Chief Technology Officer</u> <input type="checkbox"/> Other _____	<input type="checkbox"/> Other	<u>Other</u> _____
<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	<u>Other</u> _____

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

Stephen McIntosh

Typed or printed name of signee

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

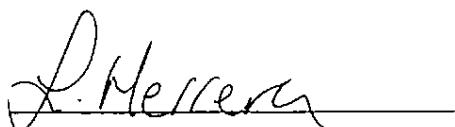
DATE: 11/1/2023

ENTITY NAME: Nighthawk Momentum Fund, LLC

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated
155 Office Plaza Drive, 1st Floor
Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.



Leticia Herrera, Assistant Secretary
Paracorp Incorporated

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NIGHTHAWK MOMENTUM FUND, 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 FIRST DAY OF NOVEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NIGHTHAWK MOMENTUM FUND, LLC" WAS FORMED ON THE EIGHTEENTH DAY OF JULY, A.D. 2023.

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

7575957 8300

SR# 20233873542

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



Jeffrey W. Bullock, Secretary of State

Authentication: 204500474

Date: 11-01-23