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11/02/2023

NAME: NIGHTHAWK MANAGEMENT GROUP, LLC

TYPE OF FILING: APPLICATION

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AUTHORIZATION: ABBIE/PAUL HODGE

## **COVER LETTER**

TO: Registration Section

Div	ision of Corporations						
CUDILIZE.	Nighthawk Management Group, LLC						
SUBJECT	Name of Limited Liability Company						
		ity Company for Authorization to Transact Business in Florida," Certificate of ove referenced foreign limited liability company to transact business in Florida					
Please return	all correspondence concerning this matt	er to the following:					
	Katrina Lukenbill						
		Name of Person					
	Lewis Brisbois Bisgaard & Smith I	LLP					
	Firm/Company						
		Address					
	City/State and Zip Code						
	Katrina.Lukenbill@lewisbrisbois.com	m					
	E-mail address: (to	o be used for future annual report notification)					
For further in	nformation concerning this matter, please	call:					
Ka	trina Lukenbill	954 678-4088					
	Name of Contact Person	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					
Plea	losed is a check for the following amoun ase make check payable to: FLORIDA D \$125.00 Filing Fee	DEPARTMENT OF STATE					

## 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:

(If name unavailable, enter alternate i	name adopted for the purpose of transacting business in Flo	rida. The a	alternate name must include	"Limited Liabili	ity Company	." "L.L.C	." or "LLC
Delaware 2. Ourisdiction under the law of w	hich foreign limited hability company is organized)	3.		(FEI литber, i	f applicable	1	
4	(Date first transacted business in Florida, if prior to r (See sections 605.0904 & 605.0905, F.S. to determin	egistration ne penalty l	.1 liab(lity)		_		
601 Heritage Dr. 5		6	601 Heritage Dr. (Mailing Address)				
Suite 500		_	Suite 500				
Jupiter, FL 33458		-	Jupiter, FL 33458		· <u></u>	202B	
7. Name and street addres	ss of Florida registered agent: (P.O. Box	<u>NOT</u> a	cceptable)		.* . ;* :	2028 HOV - 2	四至
Name:	Paracorp Incorporated					포	50
Office Address:	155 Office Plaza Drive, 1st Floor					: 59	
	Tallahassee		32 , Florida	301			

### 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)

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 Capacity: Name and Address: Stephen McIntosh Name: Name: \_\_\_\_\_ □Manager □ Manager 601 Heritage Dr. 601 Heritage Dr. Address: \_ □Member □Member Suite 500 Suite 500 □ Authorized □ Authorized Jupiter, FL 33458 Jupiter, FL 33458 Person Person Other Chief Executive Officer Other Head of Operations □Other\_\_\_\_ Other\_\_\_\_ Name: \_\_\_\_\_ Edward Skrod □Manager Name: Manager 601 Heritage Dr. Address: □ Member □Member Address: Suite 500 □ Authorized □ Authorized Jupiter, FL 33458 Person Person □Other\_\_\_\_\_ ■Other Chief Technology Officer □Other\_\_\_\_ □Other □Manager Name: □Manager □Member ☐ Member Address: Address: \_\_\_\_\_ □ Authorized ☐ Authorized Person Person □Other\_\_\_ □Other □Other\_\_\_\_ □Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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

Typed or printed name of stance

Stephen McIntosh

## STATE OF FLORIDA

#### REGISTERED AGENT CONSENT FORM

DATE: 11/1/2023

ENTITY NAME: Nighthawk Management Group, 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

Page 1



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

DELAWARE, DO HEREBY CERTIFY "NIGHTHAWK MANAGEMENT GROUP, 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

MANAGEMENT GROUP, 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.

A SOLUTION OF THE PARTY OF THE

Authentication: 204500483

Date: 11-01-23