

PO3 000 103 791

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

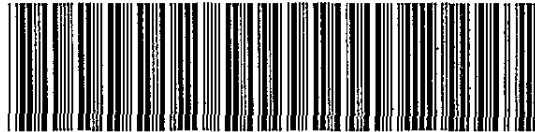
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

9-22-03  
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## TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: SHADOWKNIGHT ENTERPRISES INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☒ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: LUIS C. GAMEZ  
Name (Printed or typed)  
536 N.W. 114 AVE. #101  
Address  
MIAMI, FL. 33172  
City, State & Zip  
(786) 853-5446  
Daytime Telephone number

**NOTE: Please provide the original and one copy of the articles.**

# ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

## ARTICLE I NAME

The name of the corporation shall be:

SHADOWKNIGHT ENTERPRISES, INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

536 N.W. 114 AVE. #101  
MIAMI, FL. 33172

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ALL BUSINESSES ALLOWED BY LAW

## ARTICLE IV SHARES

The number of shares of stock is:

100

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

LUIS C. GAMEZ - PRESIDENT/SECRETARY  
536 N.W. 114 AVE. #101  
MIAMI, FL. 33172

## ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

BERTA M. SANDERS  
9550 NW 77 AVE Ste. 3  
WIALEAH GARDENS, FL. 33016

## ARTICLE VII INCORPORATOR

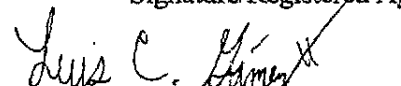
The name and address of the Incorporator is:

LUIS C. GAMEZ  
536 N.W. 114 AVE. #101  
MIAMI, FL. 33172

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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

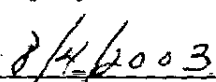
  
Signature/Registered Agent

  
Signature/Incorporator

FILED

03 SEP 18 PM 2:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

  
Date

8/4/2003  
Date