

P05000008624

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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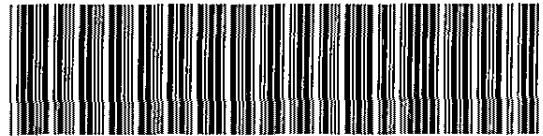
(Business Entity Name)

(Document Number)

Certified Copies 1 Certificates of Status       

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SECRETARY OF STATE  
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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

1/18

## TRANSMITTAL LETTER

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

SUBJECT: Night Hawk Carpentry 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: Colt Shiver / Kelly McCarty  
Name (Printed or typed)

1414 Jackson St  
Address

Tall, Fla 32303  
City, State & Zip

322-1169 / 264-3842  
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:

*Night Hawk Carpentry Inc.*

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

*1414 Jackson St. Tall. Fla. 32301*

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

*Construction*

**ARTICLE IV SHARES**

The number of shares of stock is:

*2*

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

*Cort Shiver 1414 Jackson St. Tall. Fla. 32303 (President)*  
*Kelly McCaffrey 250 B Villus Ct N. Tall. Fla. 32303 (President)*

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

*Kelly Sean McCaffrey*  
*250 B Villus Ct. N.*  
*Tallahassee Fl. 32303*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

*Cort Shiver*  
*1414 Jackson St. 32303 Tall. Fla.*

\*\*\*\*\*

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

*Kelly McCaffrey*  
\_\_\_\_\_  
Signature/Registered Agent

*1/18/05*  
\_\_\_\_\_  
Date

*Cort Shiver*  
\_\_\_\_\_  
Signature/Incorporator

*1/18/05*  
\_\_\_\_\_  
Date

FILED  
05 JAN 18 AM 11:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA