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Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850) 205-0381

From:

Account Name : BUSTNESS WORLD TRANSACTIONS, INC.

Account Number: 104512000/07

Phone: (305)266-4080

Fax Number: (305)221-2388

FLORIDA PROFIT CORPORATION OR P.A.

NIGHT HUNTERS RECOVERY, INC.

Certificate of Status	0
Certified Copy	O I
Page Count	04
Estimated Charge	\$70.00

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ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: NIGHT HUNTERS RECOVERY, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

4718 S.W. 46 LANE DAVIE, FL. 33314

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: One Thousand (1,000) shares of One Dollar (\$1.00) par value common stock, which shall be designated [COMMON SHARES.]

ARTICLE IV

INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JOSE A. JUMENEZ 4718 S.W. 46 LANE DAVIE, FL. 33314

Prepared by: JOSE A, JIMENEZ

4718 S.W. 46 LANE DAVIE, FL. 33314 786 3170057

Electronically Sent By: BUSINESS WORLD TRANSACTIONS, INC.

3850 S.W. 87 AVE. SUITE 307

MIAMI, FL. 33165 (305) 221-2340

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ARTICLE V INCORPORATOR(S)

The name(s) and street address(cs) of the incorporator(s) to these Articles of Incorporation is(are):

IOSE A. HMENEZ 4718 S.W. 46 LANE DAVIE, FL. 33314 DIRECTOR & PRESIDENT

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

15 day of OCTOBER . 2005

Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: NIGHT HUNTERS RECOVERY, INC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. The name and address of the registered agent and office is:

JOSE A. JIMENEZ 4718 S.W. 46 LANE DAVIE, FL. 33314

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(SIGNATURE)

(DATE) 10-15-48

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