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**COVER LETTER**

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2006 FEB 24 PM 4: 24

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

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**SUBJECT: The Hawks Global Enterprices 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: Sebastian Salinas**

Name (Printed or typed)

**1424 Timberbend Circle**

Address

**Orlando, Florida 32824**

City, State & Zip

**407.858.0712**

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:

The Hawks Global Enterprices Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1424 Timberbend Circle  
Orlando, Florida 32824

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

## ARTICLE IV SHARES

The number of shares of stock is:

1500 COMMON SHARES PAR VALUE \$ .10

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Director:  
Sebastian Salinas  
1424 Timberbend Circle  
Orlando, Florida 32824

## ARTICLE VI REGISTERED AGENT

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

Sebastian Salinas  
1424 Timberbend Circle  
Orlando, Florida 32824

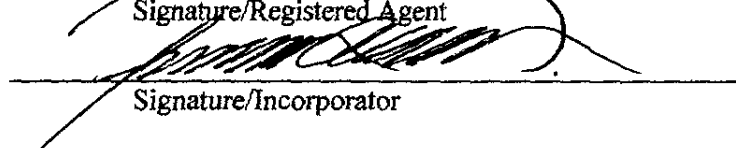
## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Sebastian Salinas  
1424 Timberbend Circle  
Orlando, Florida 32824

\*\*\*\*\*  
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

02.21.2006

\_\_\_\_\_  
Date

02.21.2006

\_\_\_\_\_  
Date

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA