## P130000002163

(Re	equestor's Name)			
(Ac	idress)			
(Ac	ddress)			
(Ci	ty/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Bı	usiness Entity Name	e)		
(Document Number)				
Certified Copies	Certificates o	of Status		
Special Instructions to Filing Officer:				

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## **COVER LETTER**

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

SUBJECT: NIT	EHAWK EXPRE	SS INC	
Sobsett	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	ticles of incorporation and	d 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
		ADDITIONAL CO	
	HERMAN LAWF	e (Printed or typed)	
		Address	
М	iami Gardens, F	lorida 33169	
	City	, State & Zip	
(7	18) 690-1514		
	Daytime 7	Telephone number	· · · · · · · · · · · · · · · · · · ·
df	ord_15@yahoo.cor		
	E-mail address: (to be use	ed for future annual report	nouncation)

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)

255 NW 190t	INCIPAL OFFICE  Principal street address  h Street	Mailing add	ress, if different is:
Miami Garde	ns, Florida 33169	***************************************	
	RPOSE the corporation is organized is: npany - Delivery of Freight		
			TO SECURE OF THE PROPERTY OF T
·			23 C.
	ITIAL OFFICERS AND/OR DIRECTOR		RATES
ARTICLE V IN	-	Name and Title:	P. SS
ARTICLE V IN	TTIAL OFFICERS AND/OR DIRECTOR lc: Sherman Lawrence, President	Name and Title:	P. SS
ARTICLE V IN  Name and Tit  Address	Sherman Lawrence, President 255 NW 190th Street	Name and Title:Address:	P. SS
ARTICLE V IN  Name and Tit  Address	Sherman Lawrence, President 255 NW 190th Street Miami Gardens FI 33169	Name and Title: Address: Name and Title:	P. SS
Name and Titl Address  Name and Titl Address	Sherman Lawrence, President 255 NW 190th Street Miami Gardens FI 33169	Name and Title:  Address:  Name and Title:  Address:	P. S.

Name and	d Title:	Name and Title:
Address		Address:
ARTICLE VI	REGISTERED AGENT	
The name and Fl	orida street address (P.O. Box NOT acceptable) of	f the registered agent is:
Name:	Dave Ford	
Address:	14508 Midland Greens Pl	-
	Tampa FI 33625	
ARTICLE VII	INCORPORATOR	ECRETAIN OF C
The name and ad	Idress of the Incorporator is:	in the second se
Name:	Dave Ford	
Address:	14508 Midland Greens Pl	OF STATI
	Tampa FI 33625	
Having been nan this certificate, I	ned as registered agent to accept service of process am familiar with and accept the appointment as reg	s for the above stated corporation at the place designated in sistered agent and agree to act in this capacity 07/15/2013
	The state of the s	
I submit this doc	Required Signature/Registered Agent  rument and affirm that the facts stated herein are  Department of State constitutes a third degree felon	Date true. I am aware that the false information submitted in a system of the system o
	TOCKET	07/15/2013
	Required Signature/Incorporator	Date