

11/6/2014 13:02:41 From: To: 850 617-6381

Division of Corporations

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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**Nighthawk Partners Inc.**

Certificate of Status	0
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TALLAHASSEE, FLORIDA

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Corporate Filing Menu

Help

**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: NIGHTHAWK PARTNERS INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address

Mailing address, if different is:

4125 Gulf of Mexico Drive

Apt. 102

Longboat Key, Florida 34228

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: any lawful purpose.

**ARTICLE IV SHARES**

The number of shares of stock is: 2,500

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

Name and Title: Jonathan Berg, President / Secretary

Address: 4125 Gulf of Mexico Drive

Apt. 102

Longboat Key, Florida 34228

Name and Title: Jonathan Berg, Sole Director

Address: 4125 Gulf of Mexico Drive

Apt. 102

Longboat Key, Florida 34228

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

(cont.)

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Jonathan Berg  
Address: 4125 Gulf of Mexico Drive, Apt. 102  
Longboat Key, Florida 34228

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

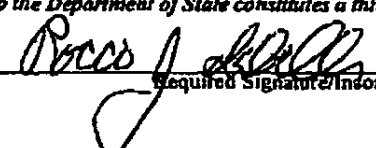
Name: Rocco J. Labella, Esq.  
Address: 27 Warren Street, Suite 201  
Hackensack, New Jersey 07601

*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*

  
Required Signature/Registered Agent

11-5-14  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

  
Required Signature/Incorporator

11/5/14  
Date

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