

FEB/20/2015/FRI 11:30 AM

2/20/2015

P. 001

**P15000017258**

Florida Department of State  
Division of Corporations  
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**FLORIDA PROFIT/NON PROFIT CORPORATION  
NIGHTEAGLE TRANSPORT, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
15 FEB 20 AM 8:16 RECEIVED  
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FALL ASSESSMENT

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**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME** NIGHTEAGLE TRANSPORT, INC.  
The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address

2251 NW 162 WAY  
PEMBROKE PINES, FL 33028

Mailing address, if different is:

SAME

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES** SHARES: 100  
The number of shares of stock is: \_\_\_\_\_

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

Name and Title: JAVIER A. MUNOZ (P/D)

Address: 2251 NW 162 WAY  
PEMBROKE PINES, FL 33028

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

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

Name and Title: EDGAR F. ALVAREZ (V/D)

Address: 2251 NW 162 WAY  
PEMBROKE PINES, FL 33028

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

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

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

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

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

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

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P. 003

(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: EDGAR F. ALVAREZ

Address: 2251 NW 162 WAY

PEMBROKE PINES, FL 33028

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: JAVIER A. MUNOZ

Address: 2251 NW 162 WAY

PEMBROKE PINES, FL 33028

*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*

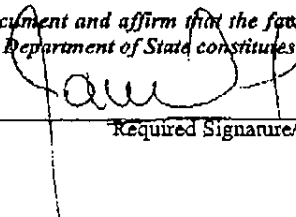


\_\_\_\_\_  
Required Signature/Registered Agent

FEB. 19, 2015

\_\_\_\_\_  
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

FEB. 19, 2015

\_\_\_\_\_  
Date

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TALLAHASSEE, FLORIDA

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