

P20000061564

Florida Department of State  
Division of Corporations  
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## To:

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

## From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
Account Number : 075350000353  
Phone : (800)221-2972  
Fax Number : (917)243-5843

**\*\*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**

Night Hawk Transportation Inc

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

RECEIVED  
2020 AUG 13 PM 4:35  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

0 OCT 2020  
AUG 11 2020

**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: Night Hawk Transportation Inc**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

9 Bahia Pass Trce9 Bahia Pass TrceOcala, FL 34472Ocala, FL 34472**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Trucking - transportation**ARTICLE IV SHARES**

200

The number of shares of stock is: \_\_\_\_\_

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Nalini Trisha Sugrim - Director

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

Address 9 Bahia Pass Trce

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

Ocala, FL 34472

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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: Nalini Trisha Sugrim  
Address: 9 Bahia Pass Trce  
Ocala, FL 34472

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Nalini Trisha Sugrim  
Address: 9 Bahia Pass Trce  
Ocala, FL 34472

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

Nalini Trisha Sugrim  
Required Signature/Registered Agent

08/04/2020  
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.*

Nalini Trisha Sugrim  
Required Signature/Incorporator

08/04/2020  
Date