

TRANSMITTAL LETTER

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

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-06/10/99--01016--013
*****78.75 *****78.75

SUBJECT: NIGHT SHIFT, INC.
(Proposed corporate name - must include suffix)

Enclosed is 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: William Thomas Swindell
Name (Printed or typed)

5755 TALQUIN AVE.
Address

PENSACOLA FL 32526
City, State & Zip

850 944 1359
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 JUN 10 AM 8:01

FILED

F. CHESSEN JUN 14 1999

NOTE: Please provide the original and one copy of the articles.

**ARTICLES OF INCORPORATION
OF
NIGHT SHIFT, INC.**

The undersigned incorporators, for the purpose of forming a corporation under the Florida Business Corporation Act, here by adopt the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:
NIGHT SHIFT, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:
5755 TALQUIN AVE.
PENSACOLA, FL 32526

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
1,000 shares, no-par common stock

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:
WILLIAM THOMAS SWINDELL
5755 TALQUIN AVE.
PENSACOLA, FL 32526

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation are:

WILLIAM THOMAS SWINDELL
5755 TALQUIN AVE.
PENSACOLA, FL 32526

ARTICLE VI

The duration of the corporate existence shall be perpetual

ARTICLE VII

The business of the Corporation shall be managed by the shareholders without a board of directors

The undersigned incorporators have executed these Articles of Incorporation this 879 day of

JUNE, 1999


WILLIAM THOMAS SWINDELL.

FILED
99 JUN 10 AM 8:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: NIGHT SHIFT, INC.

2. The name and address of the registered agent and office is:

William Thomas Swindell
NAME

5755 TALQUIN AVE.
ADDRESS (PO BOX NOT ACCEPTABLE)

PENSACOLA FL 32526
CITY, STATE, ZIP

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 JUN 10 AM 8:01

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Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

William Thomas Swindell
SIGNATURE

6-8-1999
DATE

DIVISION OF CORPORATIONS, PO BOX 6327, TALLAHASSEE, FL 32314