P99000096907

TRANSMITTAL LETTER

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

700003027227--5 -10/27/99--01109--006 *****78.75 *****78.75

| SUBJECT: | NIGHT HAWA (Proposed corpo | K RECOUE; rate name - must include suffi | RY INC |) | | | |
|--|--|--|--|--------------|--|--|--|
| 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 | S78.75 Filing Fee & Certified Copy ADDITIONAL COP | \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED | | | | |
| FROM: MIGHTHAWK RECOVERY Name (Printed or typed) | | | | | | | |
| P.O. BOX 592654 Address Address | | | | | | | |
| ORLANDO, FL. 32859 City, State & Zip | | | | | | | |

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

T. Burch NOV 3 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

October 28, 1999

NIGHTHAWK RECOVERY 810 W NEW NOLTE RD ST CLOUD, FL 34769

SUBJECT: NIGHTHAWK RECOVERY INC.

Ref. Number: W99000024941

We have received your document for NIGHTHAWK RECOVERY INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6928.

Tim Burch Document Specialist

Letter Number: 799A00051939

ARTICLES OF INCORPORATION

| The undersigned incorporator, for the purpose of forming a corporation Business Corporation Act, hereby adopts the following Articles of Incorp | under the Florida |
|--|--------------------------------------|
| the property and the second se | oration. |
| ARTICLE I NAME | oration. SECRE AND TIL |
| The name of the corporation shall be: | SS 4 3 |
| NIGHTHAWK RECOVERY INC | |
| MONTHMEN RECOGNIT IT | , , , |
| ARTICLE II PRINCIPAL OFFICE | 3: 23 STATE LORIDI |
| | |
| The principal place of business and mailing address of this corporati | |
| 7.0. Box 592654 ORL, FL. 3 | 2859 |
| | |
| ARTICLE III SHARES | |
| The number of shares of stock that this corporation is authorized to | have outstanding at any one time is: |
| . / | • |
| 1/one | |
| ARTICLE IV INITIAL REGISTERED AGENT AND S | STREET ADDRESS |
| The name and Florida street address of the initial registered agent an | ROBERT J. LUDT |
| | V090K1 2. Can1 |
| | 810 W. NEW MOLTE RD. |
| ARTICLE V INCORPORATOR | 5T. CLOUD, FL. 34769 |
| The name and address of the incorporator to these Articles of Incorporator | |
| _ | |
| | KOBERT J. LUDT |
| 8 | 10 W. NEW HOLTE RD. |
| (, V) 57 | · CLOUD, FL., 34769 |
| Nev F 11 T | 20101A |
| Signature/Incorporator | HOLITA |
| 2 218-marrie System Sociation. | Date 10-212-99 |
| | 11/-11/2 49 |

(An additional article must be added if an effective date is requested.)

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 stantes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of ptyposition as registered agent

Signature/Registered Agent

Date