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(Re	equestor's Name)	
(Ad	dress)	
· (Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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SECRETARY OF STATE
ALLAHASSEE FLORIDA

COVER LETTER

TO:	New Filing Se Division of Co					
SUBJ	ECT:	Share	Ride T	ransar	taxion I	$\widetilde{\mathcal{N}}$.
		N	ame of corpora	ition - must in	iclude suffix	1 27
Dear S	ir or Madam:					
"Certif	closed "Applica icate of Existen referenced forei	ce," or "Certi	ficate of Good	Standing" and	d check are sub	ect Business in Florida," omitted to register the
Please	return all corres	spondence cor		<u></u>	llowing:	
<u>S1</u>	nare Ri	de Trai	sporta	e of Person	NC.	
4.	24 E. Ce	entral	Blvd. Su	Company Lite 176		
_0 st	rlando,	<i>Elecia</i> etransi	da 33	ddress 1 <u>80/</u> ite and Zip co	de CON	
For fur	ther information		dress: (to be us his matter, plea	J	annual report	notification)
Bot	Name of Person	22 on	at () <u>98</u> rea Code & D	4 6800 aytime Teleph	one Number
	STREET/CO New Filing Sec Division of Co Clifton Buildin 2661 Executive Tallahassee, Fl	ction rporations ng e Center Circl			MAILING A New Filing Se Division of Co P.O. Box 6327 Tallahassee, F	ction orporations
Enclose	ed is a check for	the following	g amount:			
□ \$70.	.00 Filing Fee		Filing Fee & cate of Status	S78.75 Certifie	Filing Fee & d Copy	\$87.50 Filing Fee, Certificate of Status &

STATE OF MARYLAND Department of Assessments and Taxation

I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT SHARE RIDE TRANSPORTATION, INC., INCORPORATED JANUARY 16, 2013, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS. AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS DECEMBER 06, 2013.

Paul B. andrew

Paul B. Anderson Charter Administrator



SECRETARY OF STATE

301 West Preston Street, Baltimore, Maryland 21201 Telephone Balto. Metro (410) 767-1344 / Outside Balto. Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice Fax (410) 333-7097

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO EGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.
1.	Share Ride Transportation, Inc.
	(Enter name of corporation; must include "NCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")
	(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2.	Mary land 3. 37-1708941
	(State or country-under the law of which it is incorporated) (FEI number, if applicable)
4.	December 26, 2012 5. Perpetual
	(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6.	The property of the state of th
	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7.	424 E. Central Blvd. Suite 176, Orlando, FL 32801
	(Principal office address)
	424 E Central blvd., Suite 176, Orlando, Fl 32801
	Share hide will provide non-emergency paratransityansportation to Orlandos DoD. Veteras
0	Share hide will provide non-emergency paratransation sportation to Orlandos DoD, reterans hospital and Florida's healthcare industries. Inaddition, but not limited to tourism to amusement, entertainment industries of convention and hote I industries.
ð.	(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9.	Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
	Name: Bobby Gross Egg 7
O	ffice Address: 424 E. Central Blvd., Ste 176
	Orlando, Florida 32801 (City) (Zip code)
	P P P P P P P P P P P P P P P P P P P
10). Registered agent's acceptance:
H	aving been named as registered agent and to accept service of process for the above stated corpdration at the place
	rignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I rther agree to comply with the provisions of all statutes relative to the proper and complete performance of my
dı	ities, and I am familiar with and accept the obligations of my position as registered agent.

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS Chairman: Blvd. Suite 176 32801 Vice Chairman: _____ Address: Director: Address: Director: Address: **B. OFFICERS** President: Vice President: Address: Secretary: Address: Treasurer: ____ Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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.

(Typed or printed name and capacity of person signing application)

12. Names and business addresses of officers and/or directors: